

Tellus EVV Claims User Guide

Version: 1.2

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Terminology

The following terms are used throughout the application and throughout this User Guide.

Administrator (Admin): An individual or individuals assigned and responsible for running an agency or organization also known as: Administrator, Billing Agent, Scheduler, Human Resources, Office Manager, Agency Owner, Service Broker/Case Manager, Fiscal Agent.

Caregiver: An individual providing services/care is also known as: Live-in Service Provider, Rendering Provider, Billing Provider, Home Health Aide, Adult Daycare Provider, Provider, Community Mental Health Provider, Agency Providers, PDS Employee, Independent Provider, Service Provider, Participant Directed Service Provider, Personal Care Provider, Group Home Provider, Direct Care Worker, Direct Service Provider, Non-Agency Provider.

Modifier: (Supplement to the *Service Codes*) Two digits used for billing to provide extra details (when applicable) concerning a service/care provided by a Caregiver. Not all service codes have modifiers.

Agency: A business established to provide a service and employs individuals to render care also known as: Traditional Home Health Agency, Fiscal Management Agency (FMA), Provider Agency, Billing Provider.

Payer: Payer refers to the health plan or organization that provides payment to the Caregiver or Agency for the services that are provided to its Recipients by its Caregivers.

Prior Authorization/Service Authorization: Health plans authorize care for a Recipient for a specified period, for a specified unit (time increment for a service code) or for a specified number of visits.

Recipient: An individual receiving services/care is also known as: Client, Participant, Individual, Family Member (child, parent, spouse, etc.), PDS Employer, or Beneficiary.

Schedule: A schedule includes one or multiple visits that are most often planned by Administrators for Caregivers to provide services to Recipients.

Service/Service Code: Service Codes are used to define the type of service being rendered and the amount of time allotted for that service (unit). Service codes can also be known as: Description, Billing Codes, Procedure Codes, Revenue Codes,



HCPCS or Healthcare Common Procedure Coding System. Service codes may include a series of tasks. For example, tasks may include Cleaning or Grooming. Some, but not all service codes, may have modifiers (see Modifier)

Visit: A scheduled date, time, and place for a Caregiver to provide services to a Recipient and the services to be provided.

Getting Started

You are here: [Tellus EVV Claims](#) > Getting Started

Click a topic below:

[Logging In](#)

[Viewing the Dashboard](#)

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[About Claims Processing](#)

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Logging In

You are here: [Tellus EVV Claims](#) > [Getting Started](#) > Logging In

Note: Be sure pop-up blockers are turned off before logging in.

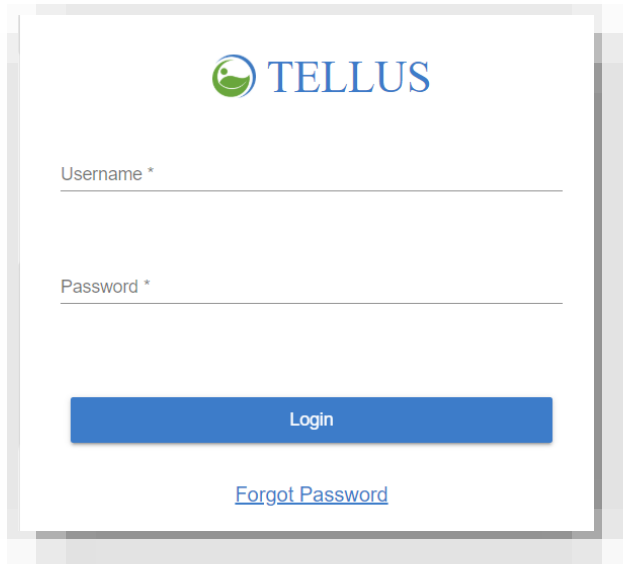
You can access the Tellus EVV Console using any web browser.

1. Type <https://4tellus.com> in the address bar of your browser.



2. Click **LOGIN TELLUS EVV** in the upper right-hand corner and select **MY DASHBOARD**.

The Tellus EVV Login dialog box opens.

The image shows a login dialog box for Tellus. At the top is the Tellus logo, which consists of a green circular icon with a stylized human figure inside, followed by the word "TELLUS" in blue capital letters. Below the logo are two input fields: "Username *" and "Password *", each with a horizontal line for text entry. Under the password field is a blue rectangular button with the word "Login" in white text. At the bottom of the dialog box is a blue hyperlink that reads "Forgot Password".

3. Enter your **Username** and **Password**.

*Note: If you forgot your password, click **Forgot Password**. You will receive an email with a temporary link that will allow you to log in and change your password.*

4. Click **Login**.

The Tellus EVV Console opens to the Dashboard view.

Note: If you are new to Tellus, you will receive an email inviting you to join Tellus EVV. You have 36 hours to activate your account; after that time the invitation expires.

If you do not find the email in your inbox, check your junk and spam folders for the email from the Tellus EVV System.

Related Topics

- [Viewing the Dashboard](#)
- [Viewing the Main Menu](#)
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Viewing the Dashboard

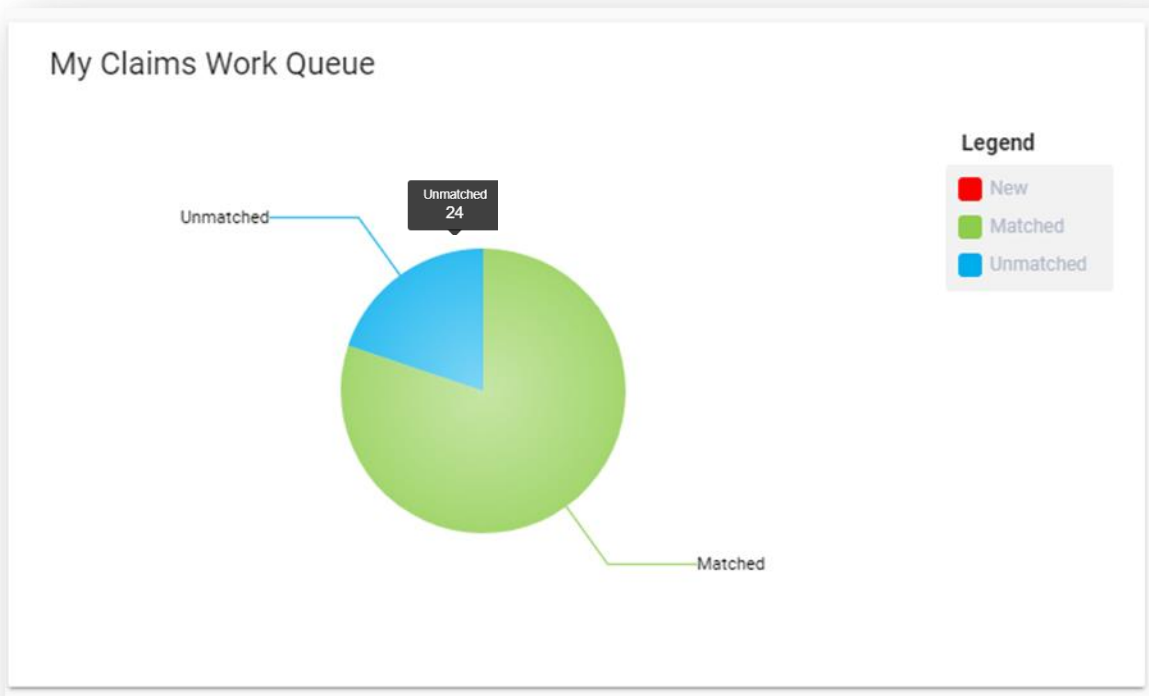
You are here: [Tellus EVV Claims](#) > [Getting Started](#) > Viewing the Dashboard

Note: You must be assigned the User Role "Admin" in order to see the Dashboard.

When you log in, the first page you will see is the Dashboard where you can see a summary of visits, your inbox, which are primarily used by Administrators and Caregivers, and claims.

Scroll down to see Claims information. There are three sections: My Claims Work Queue, Released Claims Pending Submission, and Claims.

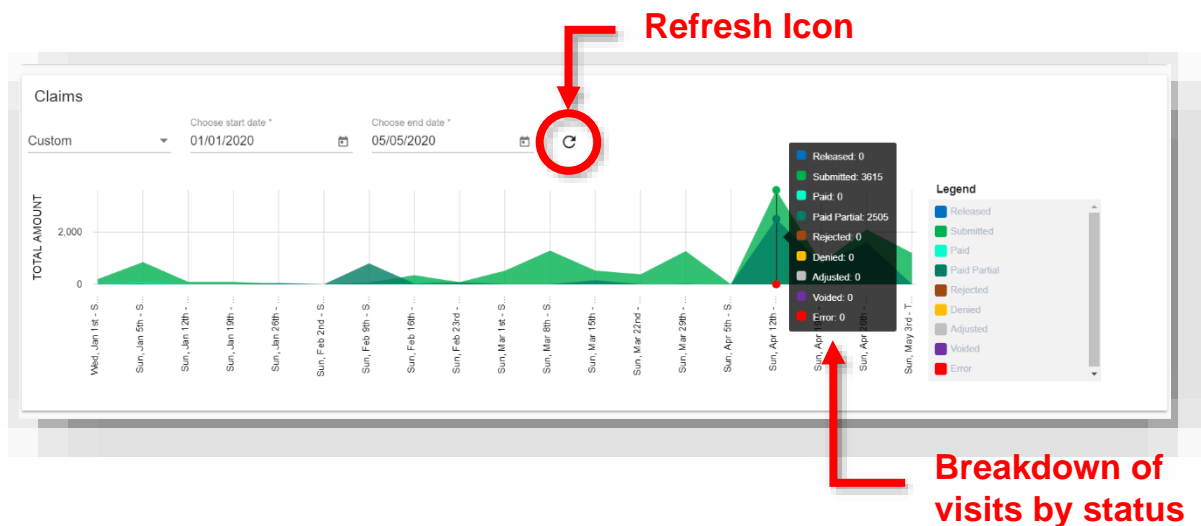
- My Claims Work Queue shows a pie chart of new, matched, and unmatched visits in Work List.
 - Hover your cursor over a section of the pie chart to see the actual number of claims in each section.
 - Click the pie chart to go to the Work List.



- Scroll further to see Released Claims Pending Submission. Here you will see the total dollars you can expect to receive for matched visits that have been released for payment.
 - Click the total to go to Claim Review.

 Released Claims Pending Submission
\$6056.31

- The Claims section of the dashboard shows a graph of visits by status according to a timeline you choose.
 - Use the dropdown list at left to select **Today**, **This week**, **Last week**, **This month**, **Last month**, or **Custom**. If you select **Custom**, a **Choose start date** and **Choose end date** field will appear; use the dropdown calendar for each to select a date range, and then click the refresh icon at right.
 - Hover your cursor over any point in the graph to see the breakdown of visits by status.



Related Topics

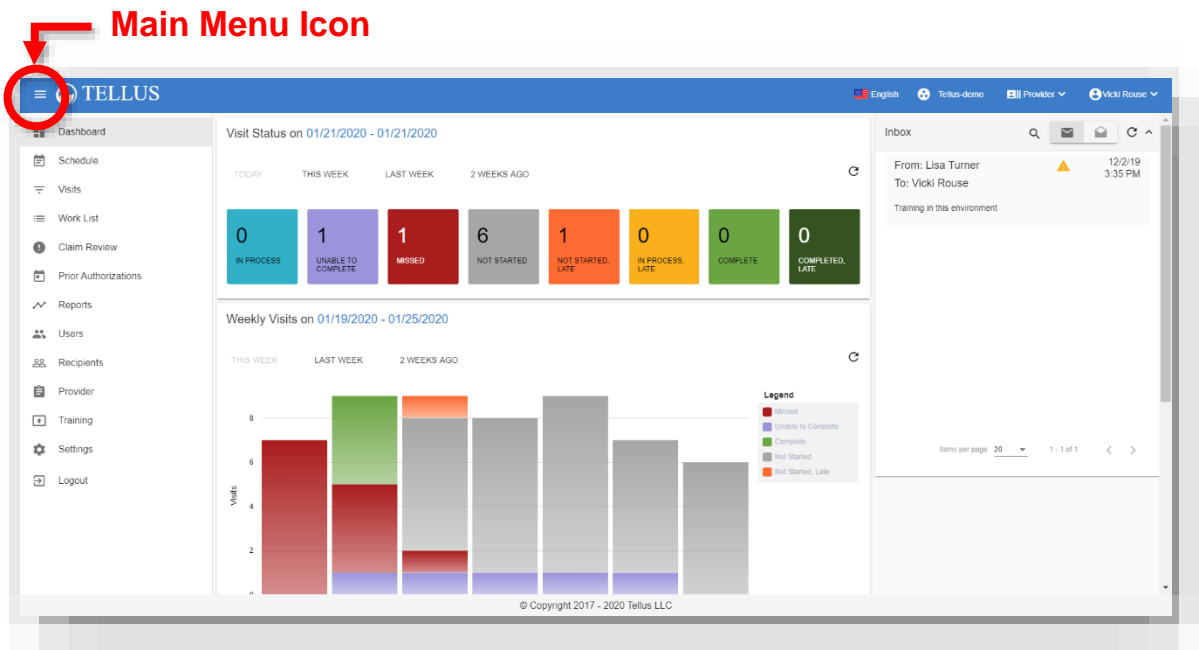
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Viewing the Main Menu

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*Note: You must be assigned the User Role “Admin” in order to see all menu options. If you are assigned the User Role “Billing” you will only see the **Visits, Work List, Claim Review, and Prior Authorization** options.*

The Main Menu appears on the top left side of the Tellus EVV Claims Console. Click the **Main Menu** icon – sometimes called the “hamburger icon” – in the upper left corner to expand the menu and see a description of all options. Click it again to collapse the Main Menu so that just the icons are visible.



The Main Menu provides access to many different features. The ones you will use for Claims are listed in the table that follows.

Menu Item	Description
<u>Dashboard</u>	Accesses the Console Home page that provides an at-a-glance look at visits and their status, your inbox, and summaries of claims information.
<u>Visits</u>	Allows you to find and transfer a completed visit to the Work List if the visit does not appear in the Work List.
<u>Work List</u>	Allows you to search and review Completed Visits by Payer to release for claims processing.
<u>Claim Review</u>	Allows you to view Payer responses to claims and resubmit paid/partially paid claims.
<u>Prior Authorizations</u>	Allows you to search and review Prior Authorizations. You can also add, update, and delete Prior Authorizations.
<u>Reports</u>	Allows you to view and print pre-defined or ad-hoc reports.
Logout	Logs you out of the Tellus Console.

Related Topics

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- [Viewing the Dashboard](#)
- [About Claims Processing](#)
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About Claims Processing

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When a Caregiver or Rendering Provider is scheduled to provide service to a Recipient, it is based on a Prior Authorization that includes information such as the Recipient's name and address, their medical ID number, service codes that identify the services they need, and other information. The Rendering Provider will use their EVV mobile app clock in and then clock out (end the visit), capture the Recipient's or a family member's signature verifying that the service was delivered, and then complete the visit.

After the visit is complete, information is sent to the Tellus Claims Processing Portal where it can be reviewed (pre-adjudicated); it can be released for payment if all information from the Prior Authorization and visit match. If information does not match, the claim can be remediated and then released for payment.

There are several reasons visit information may not match:

- Missing Start and/or End Verification, which means the Rendering Provider did not check in or check out.
- Service duration is less than the minimum allowed by the Payer.
- The address where service was provided and address on the scheduled visit do not match.
- There is no Prior Authorization.
- The Prior Authorization number assigned to the visit does not match the actual Prior Authorization that allows the visit.

When a claim is released, Tellus transmits it to the Payer who will pay or deny the claim.

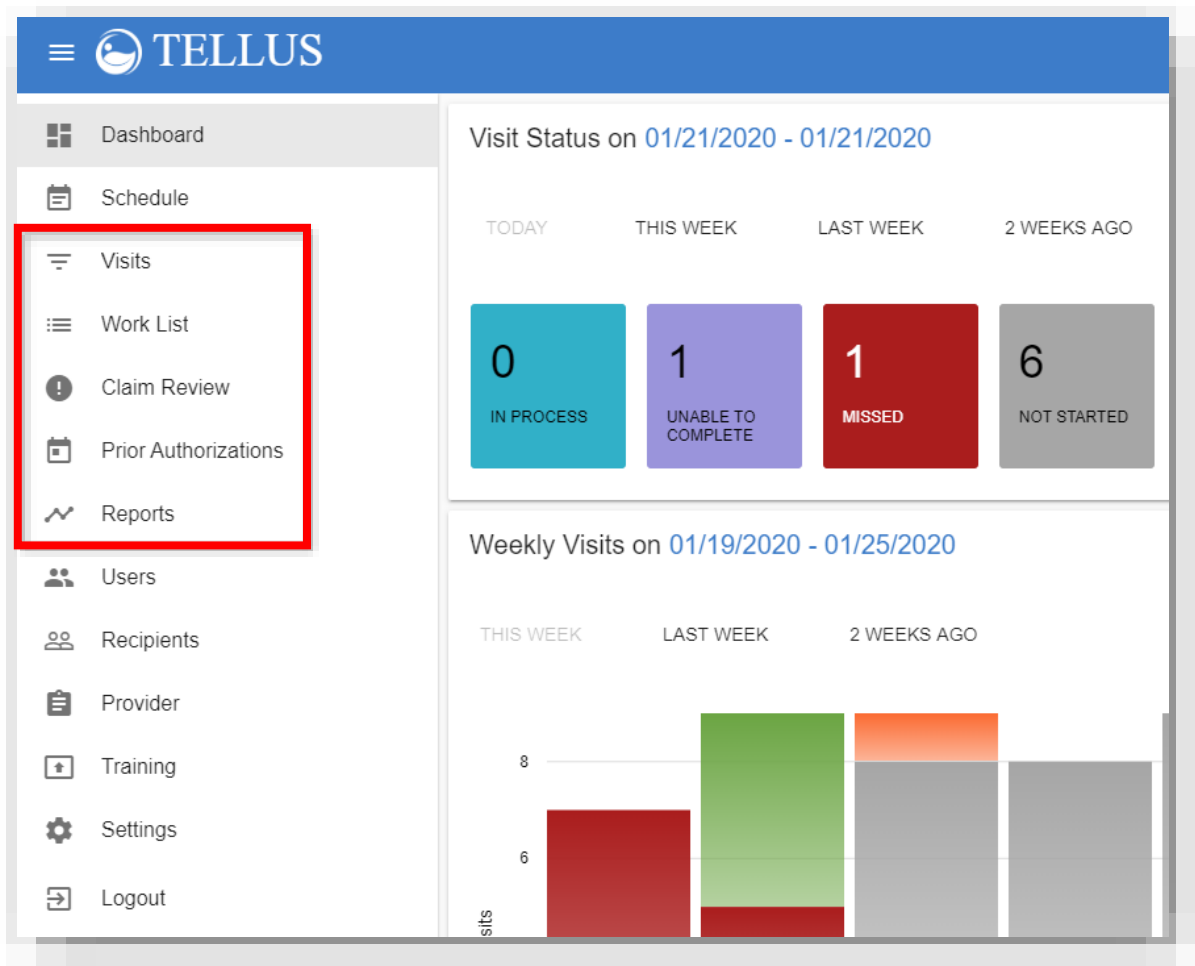
The process described above is illustrated below.



There are five menu options that you will use for claims processing; they will be discussed in detail in the sections that follow.

- [Visits](#): Allows you to find and transfer a completed visit to the Work List if the visit does not appear in the Work List.

- [Work List](#): allows you to review completed visits to see whether they match Prior Authorizations and schedule details, and then release them for processing,
- [Claim Review](#): allows you to review claims status that have been submitted to the Payer.
- [Prior Authorizations](#): allows you to review authorization listed under one Payer. Depending on the Payer and the Program, you can also add, update, and delete Prior Authorizations.
- [Reports](#): allows you to generate hours worked by provider (time log).



Related Topics

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About Visits

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Visits are scheduled, generally by an Administrator, and completed by Caregivers. See the Tellus EVV Administrator User Guide, which is available from the Training menu option, for complete information on visits.

Once completed, visit information is sent to the Tellus Claims Processing Portal where it can be reviewed (pre-adjudicated) and, provided it matches the Prior Authorization, can be released for payment.

Completed visits appear in the Work List, but occasionally, a visit may need to be transferred to the Work List from the Visits option. You can read more about how to find a visit and transfer it in [Transferring Visits to the Work List Using the Visits Option](#).

Related Topics

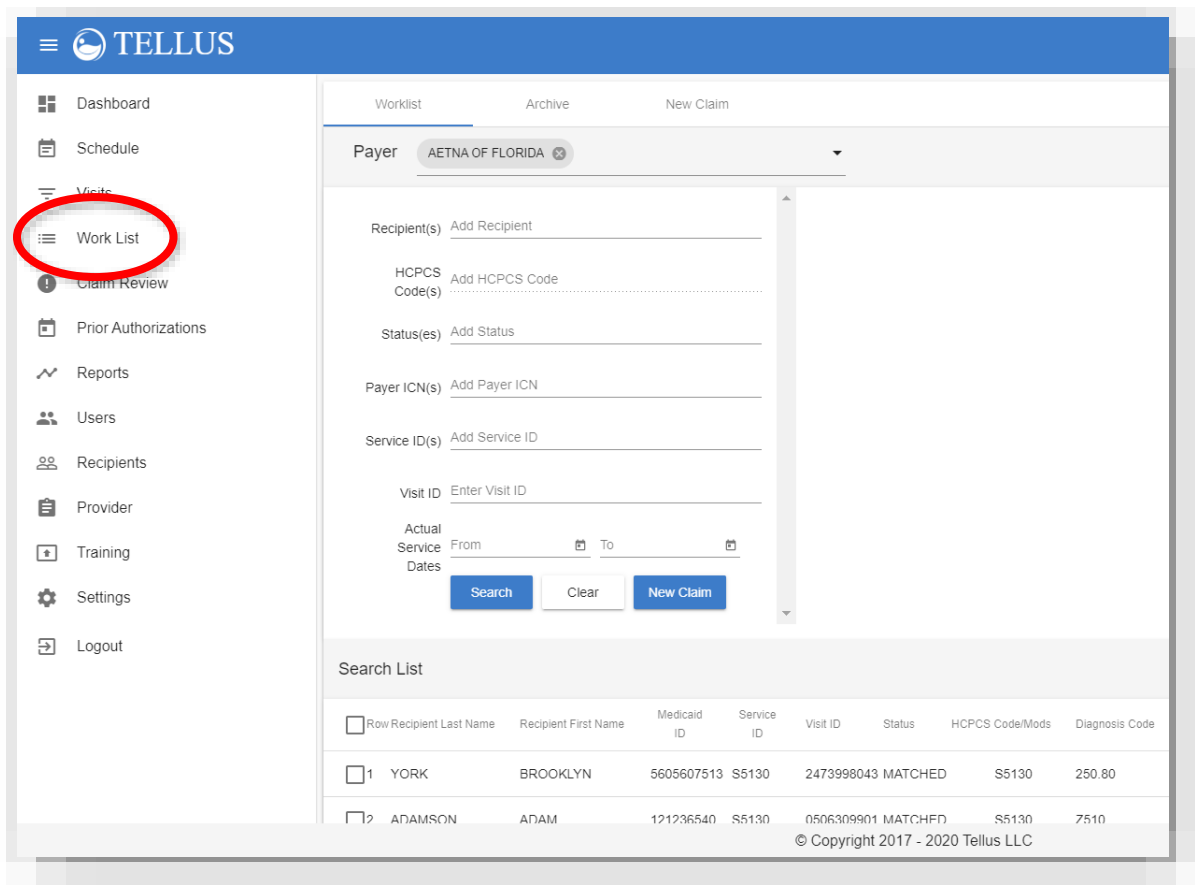
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About the Work List

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Completed visits display on the Work List. There are three statuses for claims:

- **New:** “New” visits are those that are newly completed but that have not been through the Tellus pre-adjudication process, which happens automatically based on rules set by your organization. “New” claims cannot be released for payment until they have been through pre-adjudication, in which case, their status will change to “Matched” or “Unmatched.” Only “Matched” visits can be released for payment. Generally, you need to take no action on “New” visits.
- **Matched:** “Matched” visits are ready to be released for payment. All information from the visit matches the Prior Authorization, service codes, Recipient address and date and time of visit. See [Using the Work List](#) for more information on reviewing billing units ([Remediating Visits for Submission to Payer](#)) and [Releasing Matched Visits for Submission to Payer](#).
- **Unmatched:** “Unmatched” visits have errors or are missing information. You can click a visit to see its detail, and to see the errors and edits it needs. See [Using the Work List](#) and [Remediating Visits for Submission to Payer](#) for more information.



TELLUS

Dashboard

Schedule

Visits

Work List

Claim Review

Prior Authorizations

Reports

Users

Recipients

Provider

Training

Settings

Logout

Worklist Archive New Claim

Payer AETNA OF FLORIDA

Recipient(s) Add Recipient

HCPCS Code(s) Add HCPCS Code

Status(es) Add Status

Payer ICN(s) Add Payer ICN

Service ID(s) Add Service ID

Visit ID Enter Visit ID

Actual Service Dates From To

Search Clear New Claim

Search List

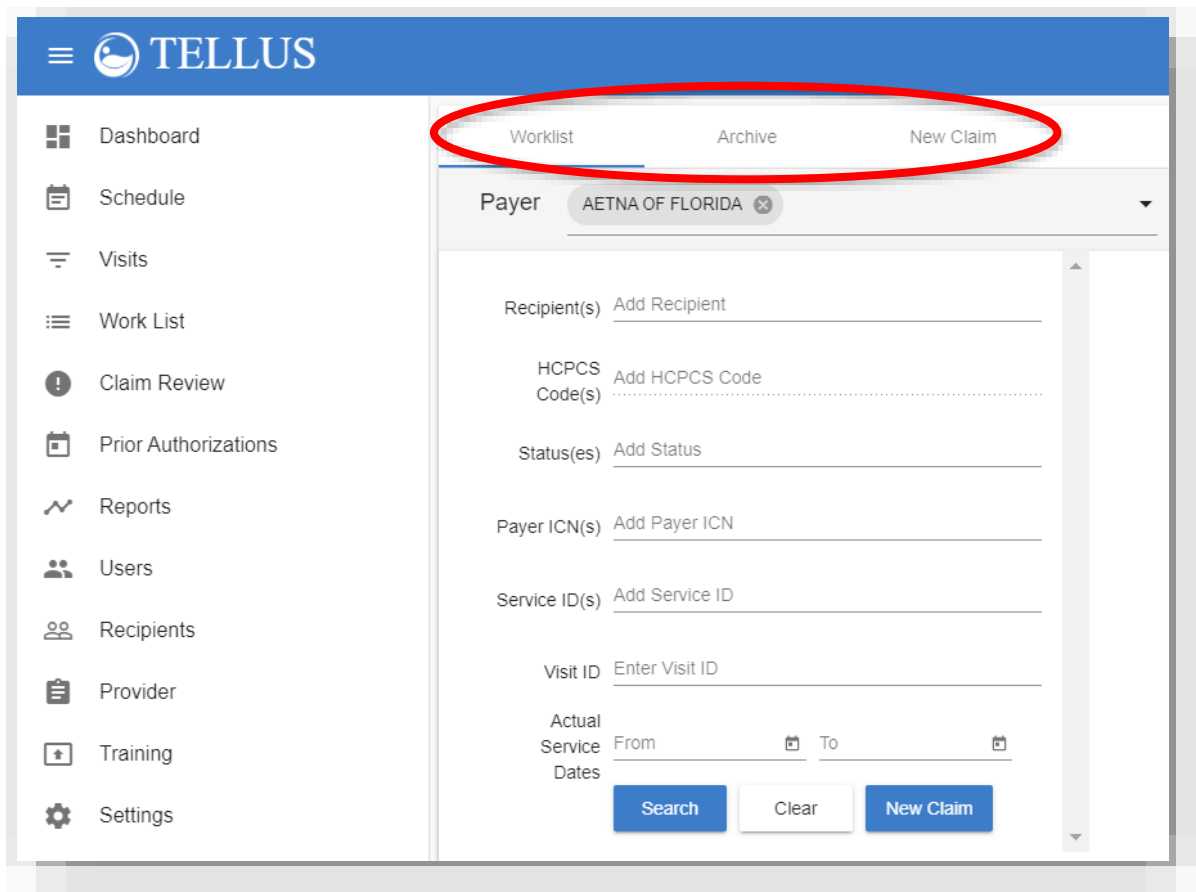
<input type="checkbox"/> Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mods	Diagnosis Code
<input type="checkbox"/> 1	YORK	BROOKLYN	5605607513	S5130	2473998043	MATCHED	S5130	250.80
<input type="checkbox"/> 2	ADAMSON	ADAM	121236540	S5130	0506309901	MATCHED	S5130	7510

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The Work List has three tabs, which are enabled after you select a Payer.

- **Work List:** where you will search for visits and view them.
- **Archive:** lists visits that have been removed from the Work List through the archive process.
- **New Claim:** allows you to create claims for unscheduled visits or to create new claims for that have been denied and are eligible for resubmission.

Note: You can create new claims and resubmit them only for claims that have an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You cannot create a new claim to submit for claims that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.



You will use the Work List to do the following:

- [Review completed visits](#)
- [Release “Matched” visits for submission to a Payer](#)
- [Remediate visits for release to Payer](#)
- [Create a new visit](#) for visits that were denied by the Payer.

Note: You can create new claims for denied claims and resubmit them only if the claim has an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You cannot create a new claim to submit for claims that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.

- [Archive visits](#), which is used to store visits that are not billable or payable by the payer you no longer want to see them or delete them from Work List. It can also be used to store Unmatched visits while awaiting Prior Authorizations to be uploaded to the Tellus system; visits that are payable must be [returned](#) to the Work List).

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About Claim Review

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You will use the Claim Review option to view claims as they go through claims processing. Claims will have one of the following statuses.

- Released: The visit has been released for payment.
- Submitted: The visit has been “Submitted for payment; this status will change to “Accepted” when it is received by the Payer or “Rejected.”
- Accepted: The claim has been accepted by the Payer and it has been assigned an Internal Control Number (ICN) that the Payer uses to identify claims.

*Note: In the Tellus system, Medicaid, as well as some other Payers, assign the same ICN to all claims in a batch when the batch is submitted. You may have several claims with the same ICN; if any claim in the batch needs to be adjusted and resubmitted, **all claims** with the same ICN must be resubmitted, including those that do not need adjusting. See [Adjusting Unpaid/Partially Paid Claims](#).*

- Denied: The claim has been “Denied” by the Payer and will not be paid; in some cases, you can [create a new claim](#) and resubmit it.

Note: You can create new claims and resubmit them only for claims that have an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You cannot create a new claim to submit for claims that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.

- Paid: The Payer has paid the agency for the services it provided to the Recipient.
- Paid Partial: The Payer has partially paid the agency for the services it provided to the Recipient. You may choose to [adjust and resubmit these claims](#).
- Rejected: The claim was part of a batch that was rejected for incorrect data or processing and will need to be resubmitted by Tellus. You do not need to take any action on “Rejected” claims.

TELLUS

- Dashboard
- Schedule
- Visits
- Work List
- Claim Review
- Prior Authorizations
- Reports
- Users
- Recipients
- Provider
- Training
- Settings
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Review Claims

Search List

<input type="checkbox"/>	Row	Recipient Last Name	Recipient First Name	Member ID	Service ID	Status ↓	HCPCS Code/Ref
<input type="checkbox"/>	1	DOE	WARREN	7090956951	S9122	SUBMITTED	S9122
<input type="checkbox"/>	2	YORK	BROOKLYN	5605607513	S5130	SUBMITTED	S5130
<input type="checkbox"/>	3	JONES	BRYANT	1896065059	S5130	SUBMITTED	S5130
<input type="checkbox"/>	4	YORK	BROOKLYN	5605607513	S9122	SUBMITTED	S9122
<input type="checkbox"/>	5	ALLGEIER	GEORGE	5076596779	S5130	SUBMITTED	S5130
<input type="checkbox"/>	6	DOE	WARREN	7090956951	S9122	SUBMITTED	S9122
<input type="checkbox"/>	7	ALLGEIER	GEORGE	5076596779	S9122	SUBMITTED	S9122
<input type="checkbox"/>	8	ALLGEIER	GEORGE	5076596779	S5130	SUBMITTED	S5130
<input type="checkbox"/>	9	JONES	BRYANT	1896065059	S5130	SUBMITTED	S5130
<input type="checkbox"/>	10	YORK	BROOKLYN	5605607513	S9122	SUBMITTED	S9122
<input type="checkbox"/>	11	DOE	WARREN	7090956951	S9122	SUBMITTED	S9122
<input type="checkbox"/>	12	ALLGEIER	GEORGE	5076596779	S9122	SUBMITTED	S9122
<input type="checkbox"/>	13	BRADLEY	MILTON	5966509796	S5130	SUBMITTED	S5130

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1. Click a claim to see its detail.

English Tellus-demo Provider Vicki Rouse

Review Claims

Search List Export

Row	Recipient Last Name	Recipient First Name	Member ID	Service ID	Status	HCPCS Code/Mods	Diagnosis Code	Service Date	Authorization Number	Payer	Calculated Amount	Billable Amount
<input type="checkbox"/> 1	WRAP	SARA	6009779650	S9122	PAID PARTIAL	S9122	A0221	5/10/19	AC436436591	AETN	30.00	

Detail: SARA WRAP Resubmit Print Close

Status	PAID PARTIAL	Scheduled Start Date	May 10, 2019, 1:40:55 PM	Authorization Number	AC436436591
Recipient Name	SARA WRAP	Scheduled Start Address	800 Fairway Drive	Service ID	S9122
Recipient Date Of Birth	05/25/1934	Actual Start Date	May 10, 2019, 1:40:55 PM	Related Service ID	Related Service ID
Recipient Member ID	6009779650	Billable Start Date/Time	May 10, 2019, 1:40:55 PM	HCPCS Code/Mods	S9122 TT
Payer	AETNA OF FLORIDA	Start Verification Method	NON	Calculated Units	2

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2. Scroll to the bottom of the detail to see edits and corrections required, if any.

Note: You can only view Edits & Errors in Claim Review; errors can only be corrected in [Work List](#).

Edits & Errors

Item	Reason / Error Code	Reason / Error Code Description	Modified On	Modified By	Notes
1	Visit Missing Start and/or End Verification5080	Caregiver forgot to end visit, visit verified complete.8/5/19, 12:03 PM	Freddy Bautista-		

Items per page: 20 1 - 1 of 1

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About Prior Authorizations

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A Prior Authorization must match a completed visit in order for that visit to be released for payment. Below are the data elements in the Prior Authorization that must match the visit:

- Provider name
- Recipient name
- Service codes
- Diagnosis codes
 - Note: Depending on your Payer and your program, diagnosis codes may not be needed.
- The start and end date that the Prior Authorization is effective

Prior Authorizations will have one of these statuses:

- New: no visits have been billed against it.
- Partially Used: some visits have been billed against it; Tellus automatically calculates units used for visits.
- Used: the Prior Authorization has expired; you can still schedule visits, but visits with expired Prior Authorizations cannot be billed.

Prior Authorizations

Search List Prior Authorizations Print

<input type="checkbox"/>	Row	Recipient...	Recipient...	Member ID	HCPCS ...	From Date ↑	To Date	Authoriza...	Authoriza...	Payer	Care Type	Total Unit...	Total Unit...	Check to prev...	
<input type="checkbox"/>	1	YORK	BROOKLYN	5605607511	S5130	6/1/18	5/31/25	AC292548863	Partially Used	AETN	-	1460	1368.22	<input type="checkbox"/>	⋮
<input type="checkbox"/>	2	ALLGEIER	GEORGE	5076596779	S9122 (TT)	6/1/18	5/31/25	AC941071488	Partially Used	AETN	-	834	748.76	<input type="checkbox"/>	⋮
<input type="checkbox"/>	3	YORK	BROOKLYN	5605607511	S9122 (TT)	6/1/18	5/31/25	AC292548863	Partially Used	AETN	-	1460	1409.9	<input type="checkbox"/>	⋮
<input type="checkbox"/>	4	ALLGEIER	GEORGE	5076596779	S5130	6/1/18	5/31/25	AC941071488	Partially Used	AETN	OTHR	834	592.52	<input type="checkbox"/>	⋮
<input type="checkbox"/>	5	BRADLEY	MILTON	5966509796	S5130	6/4/18	5/31/25	AC265273356	Partially Used	AETN	-	1241	1019.39	<input type="checkbox"/>	⋮
<input type="checkbox"/>	6	JONES	BRYANT	1896065059	S9122 (TT)	7/1/18	6/30/25	AC153099317	Partially Used	AETN	-	1043	1023	<input type="checkbox"/>	⋮
<input type="checkbox"/>	7	JONES	BRYANT	1896065059	S5130	7/1/18	6/30/25	AC153099317	Partially Used	AETN	-	1043	1031.95	<input type="checkbox"/>	⋮
<input type="checkbox"/>	8	QUE	BEN	9606070600	S5130	7/1/18	6/30/19	AC207481160	Partially Used	AETN	-	1043	1042.71	<input type="checkbox"/>	⋮
<input type="checkbox"/>	9	SMITH	JEROLD	6659125677	S9122 (TT)	8/1/18	7/31/19	AC793570631	Used	AETN	-	2086	0	<input type="checkbox"/>	⋮
<input type="checkbox"/>	10	SMITH	JEROLD	6659125677	S5130	8/1/18	7/31/19	AC793570631	Partially Used	AETN	-	2086	2081.53	<input type="checkbox"/>	⋮

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All elements of a completed visit must align with the Prior Authorization and Payer business rules in the system or it will be flagged as “Unmatched” in the Work List.

You will use the Prior Authorization option to:

- [Search for a Prior Authorization](#) if it is missing from a visit
- [Add a Prior Authorization](#).
- View and [update Prior Authorization](#) detail.
- [Delete a Prior Authorization](#).

Note: Payers and Tellus EVV business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled

Related Topics

- [Logging In](#)
- [Viewing the Dashboard](#)
- [Viewing the Main Menu](#)
- [About Claims Processing](#)
- [About Visits](#)
- [About the Work List](#)

- [About Claim Review](#)
- [About Reports](#)
- [Logging Out](#)

About Reports

You are here: [Tellus EVV Claims](#) > [Getting Started](#) > About Reports

Note: You must be assigned the User Role “Admin” in order to see the Reports option.

Tellus offers a variety of reports for claims. You can filter data so that you get just the information you need. You can also export reports to several different formats.

Reports	
Report Name	Report Description
DMAS	Virginia DMAS-90 Provider Aide Record
Recipients List	List of Recipients
Time Log	Payroll Worked Hours Data
Items per page: 20 1 - 3 of 3 < < > >	
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Related Topics

- [Logging In](#)
- [Viewing the Dashboard](#)
- [Viewing the Main Menu](#)
- [About Claims Processing](#)
- [About Visits](#)
- [About the Work List](#)
- [About Claim Review](#)
- [About Prior Authorizations](#)
- [Logging Out](#)

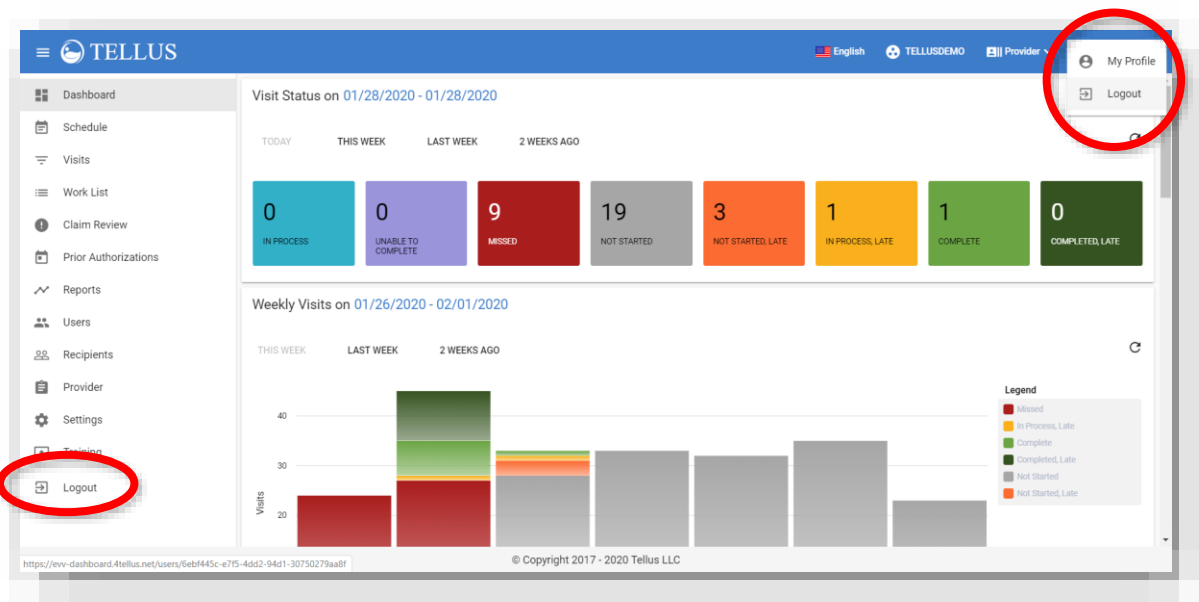
Logging Out

You are here: [Tellus EVV Claims User Guide](#) > [Getting Started](#) > Logging Out

Any time you are not actively using the system, it is a best practice to log out. Logging out helps ensure the security and protection of your organization's information as well as the information for your Recipients and Caregivers. If you do not logout, you will automatically be logged out after 30 minutes of inactivity.

There are two ways to logout. Either way you will be logged out of the system and returned to the system login page.

- Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information). Then, click **Logout**.
- In the banner, click the drop-down list next to your **Username**. Then, click **Logout**.



Related Topics

- [Logging In](#)
- [Viewing the Dashboard](#)
- [Viewing the Main Menu](#)
- [About Claims Processing](#)
- [About Visits](#)
- [About the Work List](#)
- [About Claim Review](#)
- [About Prior Authorizations](#)

Using the Work List

You are here: [Tellus EVV Claims](#) > Using the Work List

Click a topic below:

[Searching for a Visit in the Work List](#)

[Transferring Visits to the Work List Using the Visits Option](#)

[Reviewing Completed Visits](#)

[Releasing Matched Visits for Submission to Payer](#)

[Releasing a Rejected Claim](#)

[Remediating Visits for Submission to Payer](#)

[Archiving Visits](#)

[Searching for Archived Visits](#)

[Returning Archived Visits to the Work List](#)

[Creating a New Visit](#)

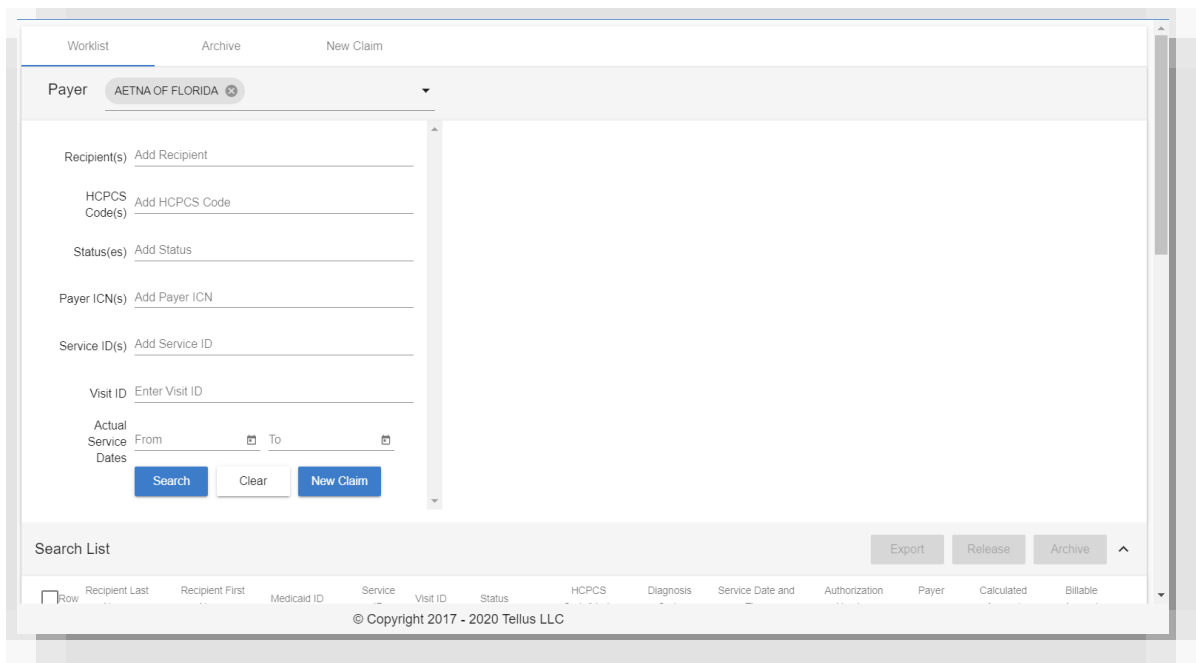
Searching for a Visit in the Work List

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > Searching for a Visit in the Work List

To find a visit:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

Note: Making a Payer selection enables the Archive and New Claim tabs.



4. Enter any combination of search criteria you want. Click in each of the following fields and select from the list that displays. You can also type a string of characters in a field to narrow the list.

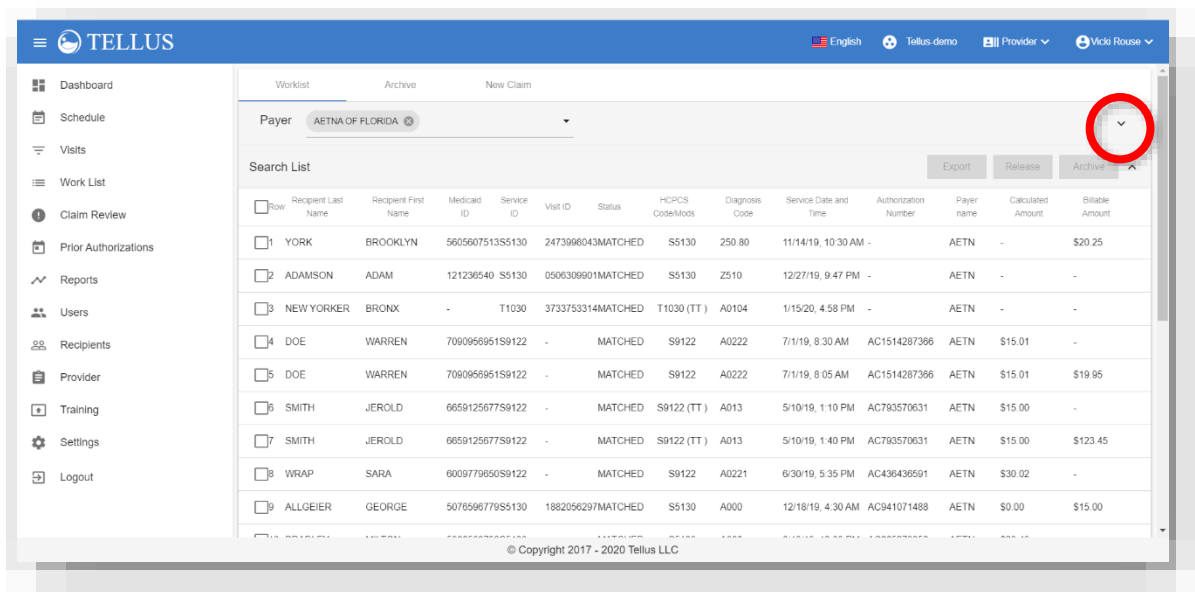
- Recipient(s)
- HCPCS Code(s)
- Statuses: New, Matched, or Unmatched
- Service IDs
- Visit ID

Note: Payer ICN (s) cannot be searched when you are looking for unsubmitted visits; ICNs

are assigned when a claim is submitted.

- To search for claims by date, click the calendar icon in the **Actual Service Dates From** or **To** fields.
- Click **Search**.

A list of completed visits will display below the search fields. Click **^** to collapse the search fields to see the list; Click **v** to expand the search fields.



The screenshot shows the TELLUS application interface. On the left is a navigation menu with options like Dashboard, Schedule, Visits, Work List, Claim Review, etc. The main area displays a 'Search List' table. The table has columns: Recipient Last Name, Recipient First Name, Medicaid ID, Service ID, Visit ID, Status, HCPCS Code/Mod, Diagnosis Code, Service Date and Time, Authorization Number, Payer name, Calculated Amount, and Billable Amount. The table contains several rows of data. In the top right corner of the table area, there is a red circle highlighting a small icon that looks like a downward arrow, which is used to collapse the search fields.

If you do not find the visit you're looking for, it may not have been transferred to the Work List yet. Use the [Visits](#) option to find the visit and transfer it.

Related topics:

- [Transferring Visits to the Work List Using the Visits Option](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Releasing a Rejected Claim](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

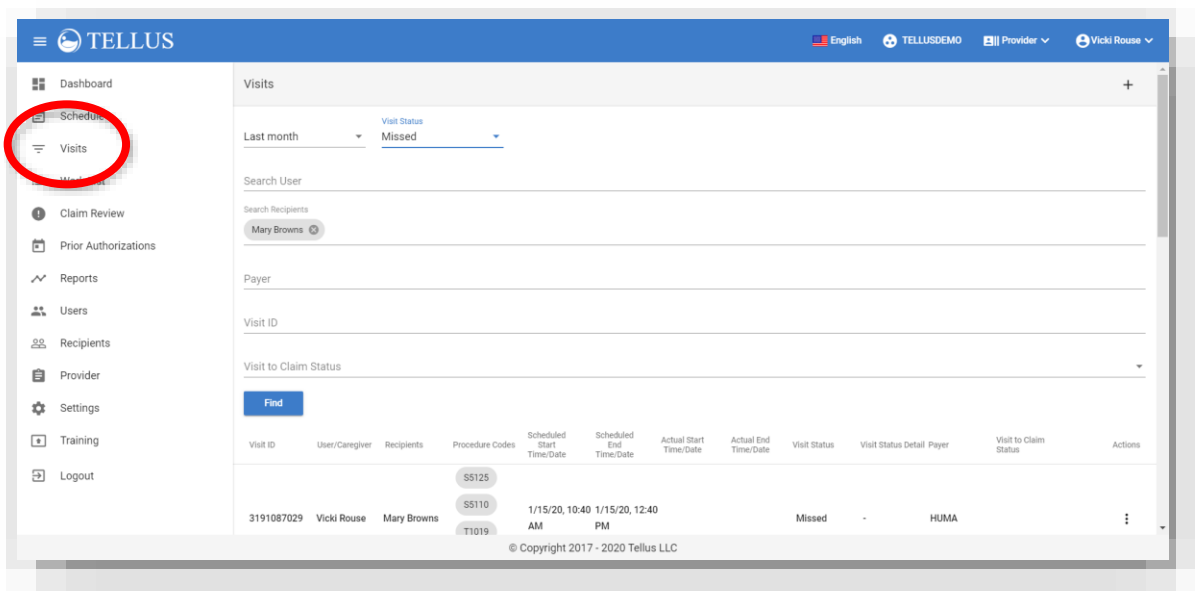
Transferring Visits to the Work List Using the Visits Option

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > Transferring Visits to the Work List Using the Visits Option

If you do not find a visit in the Work List, you can search for the Visit using the Visits option and then transfer it to the Work List. To do so:

To find a visit:

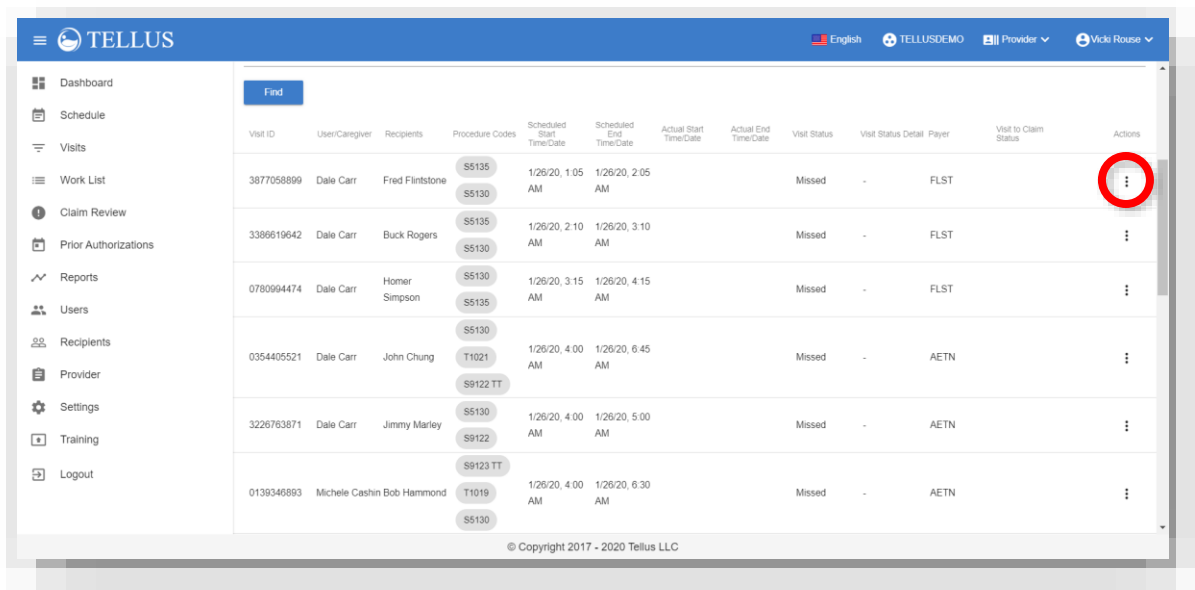
1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Visits** to open the **Visits** page.



Visit ID	User/Caregiver	Recipients	Procedure Codes	Scheduled Start Time/Date	Scheduled End Time/Date	Actual Start Time/Date	Actual End Time/Date	Visit Status	Visit Status Detail	Payer	Visit to Claim Status	Actions
3191087029	Vicki Rouse	Mary Browns	SS125 SS110 T1019	1/15/20, 10:40 AM	1/15/20, 12:40 PM			Missed	-	HUMA		

3. You can search for **Visits** by using one or a combination of the following.
 - **Date:** The default value is **Today**, or you can select from the options listed below.
 - Tomorrow
 - This Week
 - Next Week
 - Last Week
 - 2 Weeks Ago
 - This Month
 - Last Month

- **Custom:** When you make this selection, two additional fields display; **Choose Start Date** and **Choose End Date**. Use the calendar icon in each field to select the date range you want to see visits for.
 - **Visit status:** Leave this field blank. “Missed” visits will need to be completed; “Completed” and “Complete, Late” visits can be transferred to the Work List.
 - **User name:** To find a visit by **User**, or Caregiver, type all or part of the Caregiver name in the **User** field. A list of Users with the characters that match your entry will display. Make a selection from the list.
 - **Recipient name:** To find visits by **Recipient**, type all or part of a Recipient name in the **Recipient** field.
 - **Visit ID:** assigned when the visit is schedule and appears only in the Visits menu option.
 - **Visit to Claim Status:** Choose **None** or **Error** (the visit has incorrect information, such as in incorrect Medicaid ID#). **Success** indicates the visit successfully transferred to the Work List for claims processing when it was.
4. Click **Find** after making your entries and selections.
 5. Click the vertical ellipsis to open the **Visit**.



Visit ID	User/Caregiver	Recipients	Procedure Codes	Scheduled Start Time/Date	Scheduled End Time/Date	Actual Start Time/Date	Actual End Time/Date	Visit Status	Visit Status Detail	Player	Visit to Claim Status	Actions
387705899	Dale Carr	Fred Flintstone	S5135 S5130	1/26/20, 1:05 AM	1/26/20, 2:05 AM			Missed	-	FLST		⋮
3386619642	Dale Carr	Buck Rogers	S5135 S5130	1/26/20, 2:10 AM	1/26/20, 3:10 AM			Missed	-	FLST		⋮
0780904474	Dale Carr	Homer Simpson	S5130 S5135	1/26/20, 3:15 AM	1/26/20, 4:15 AM			Missed	-	FLST		⋮
0354405521	Dale Carr	John Chung	S5130 T1021 S9122 TT	1/26/20, 4:00 AM	1/26/20, 6:45 AM			Missed	-	AETN		⋮
3226763871	Dale Carr	Jimmy Marley	S5130 S9122	1/26/20, 4:00 AM	1/26/20, 5:00 AM			Missed	-	AETN		⋮
0139346893	Michele Cashin Bob Hammond		S9123 TT T1019 S5130	1/26/20, 4:00 AM	1/26/20, 6:30 AM			Missed	-	AETN		⋮

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6. If the Claim Invoice ID # is shown, click it to transfer the Visit to the Work List.

If the Claim Invoice ID # is not shown, click the “reload” icon to transfer the visit to

the Work List; click the Claim Invoice ID # to go directly to the Work List (a new tab will open) where you can work on the visit.

Visit

Status:

Complete

Claim Status:

-

Caregiver:

Jim Orms

Recipient(s):

Nikita Buslov

HCPSC Code/Mod(s):

S5130

Visit Status Detail:

Claim Invoice ID#:

18544bc6-6f5a-474e-8664-4db86c2d23d5 (Nikita Buslov)

Notes:

Scheduled Start Time:

Jan 3, 2020, 12:04:00 PM

Scheduled End Time:

Jan 3, 2020, 1:04:00 PM

Actual Start Time:

Jan 3, 2020, 1:05:07 PM

Actual End Time:

Jan 3, 2020, 1:05:16 PM

Actual Start Phone Number:

-

Actual End Phone Number:

-

Start Verification Type:

GPS

End Verification Type:

GPS

Start Location Variance (Miles):

-

End Location Variance (Miles):

-

Scheduled Start Address:

800 Fairway Drive, SUITE 202, Deerfield Beach, Florida, 33441

Scheduled End Address:

800 Fairway Drive, SUITE 202, Deerfield Beach, Florida, 33441

Scheduled Start Address Type:

-

Scheduled End Address Type:

-

Pet Love Pet Sitting

Correct Care Recovery Solutions

Sentry Data Systems

View Printable Visit

Related topics:

- [Searching for a Visit in the Work List](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

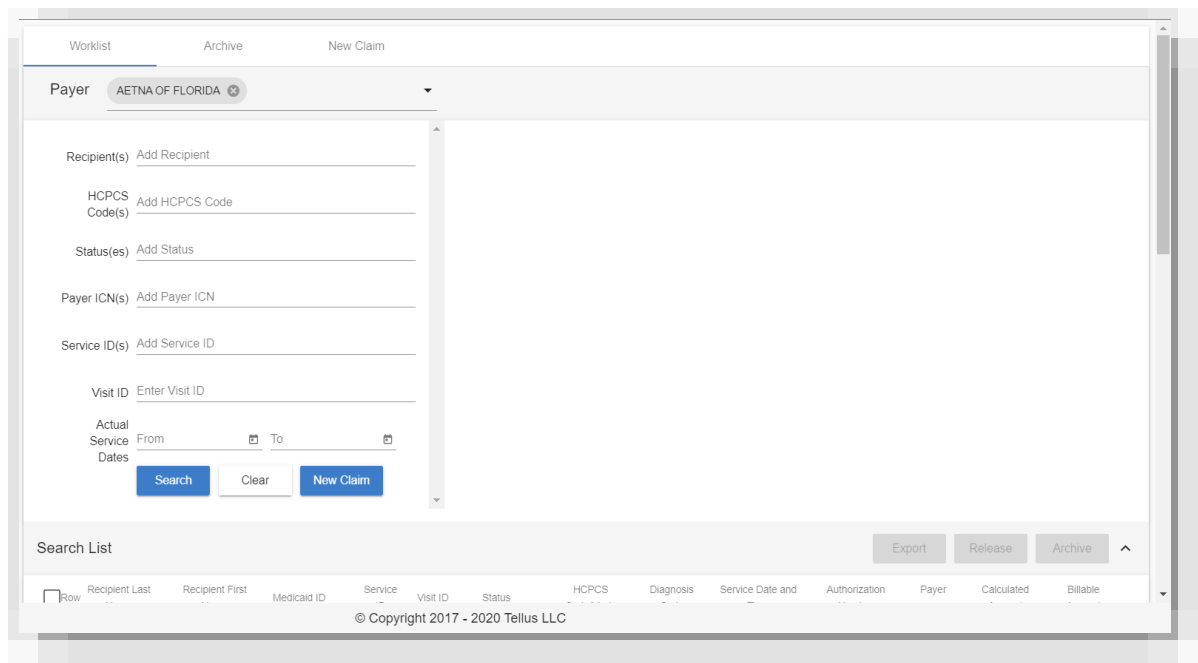
Reviewing Completed Visits

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > Reviewing Completed Visits

When a visit is complete, go to the Work List to release it for payment, or to remediate and then release it. You should review “Matched” visits to make sure units are not being over or under billed. When you review “Unmatched” visits, Tellus will provide information on incorrect or missing information. You can read more about updating visit information in [Remediating Visits for Submission to Payer](#).

1. Expand the **Main Menu**, (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

Note: Making a Payer selection enables the Archive and New Claim tabs.



The screenshot shows the 'Worklist' tab selected in the top navigation bar. Below the navigation bar, there are three tabs: 'Worklist', 'Archive', and 'New Claim'. The 'Payer' dropdown menu is set to 'AETNA OF FLORIDA'. Below this, there are several input fields for search criteria: 'Recipient(s) Add Recipient', 'HCPCS Code(s) Add HCPCS Code', 'Status(es) Add Status', 'Payer ICN(s) Add Payer ICN', 'Service ID(s) Add Service ID', and 'Visit ID Enter Visit ID'. There is also a date range selector for 'Actual Service Dates' with 'From' and 'To' fields. At the bottom of the search section are three buttons: 'Search', 'Clear', and 'New Claim'. Below the search section is a 'Search List' table with columns: Row, Recipient Last, Recipient First, Medicaid ID, Service, Visit ID, Status, HCPCS, Diagnosis, Service Date and, Authorization, Payer, Calculated, and Billable. At the bottom of the page, there is a copyright notice: '© Copyright 2017 - 2020 Tellus LLC'.

4. [Search for the visits](#) you want to review.
5. After making your selections click **Search** to see the list of visits that meet your criteria.

Worklist Archive New Claim													
Payer AETNA OF FLORIDA													
Search List										Export	Release	Archive	
<input type="checkbox"/> Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mod	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input type="checkbox"/> 1	YORK	BROOKLYN	5605607513	S5130	-	UNMATCHED	S5130	A000	9/26/19, 4:57 PM	AC292548863	AETN	\$0.00	-
<input type="checkbox"/> 2	ARTY	ARTY	1556223652	S5130	2394882462	UNMATCHED	S5130	A000	1/3/20, 3:40 PM	-	AETN	\$42.00	-
<input type="checkbox"/> 3	NEW YORKER	BRONX	-	S9124	1136546128	UNMATCHED	S9124	A0104	12/16/19, 2:30 PM	-	AETN	\$0.00	-
<input type="checkbox"/> 4	JONES	BRYANT	1896065059	S5150	2031179421	UNMATCHED	S5150	A000	11/15/19, 1:00 PM	-	AETN	\$79.99	-
<input type="checkbox"/> 5	BRADLEY	MILTON	5966509796	S5150	1500004936	UNMATCHED	S5150	A001	12/18/19, 10:45 AM	-	AETN	\$79.99	-
<input type="checkbox"/> 6	WAYBILL	FEE	8902385630925	T1005	0506377258	UNMATCHED	T1005	A202	10/19/19, 9:10 AM	-	AETN	-	-
<input type="checkbox"/> 7	YORK	BROOKLYN	5605607513	S5130	2416106405	UNMATCHED	S5130	250.80	11/15/19, 3:45 PM	AC292548863	AETN	\$0.00	-
<input type="checkbox"/> 8	YORK	BROOKLYN	5605607513	T1005	-	UNMATCHED	T1005	A000	9/14/19, 10:04 AM	-	AETN	-	-
<input type="checkbox"/> 9	YORK	BROOKLYN	5605607513	T1019	0976299183	UNMATCHED	T1019	A000	10/30/19, 9:27 AM	-	AETN	\$1,000.00	-
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6. Click the line for the visit you want to review to see its detail.

You will need to scroll down to see all information and to see the **Edits & Errors** required for visits with the status “Unmatched.”

Edits & Errors							
Type	Item	Error Code	Reason/Error Code	Reason/Error Code Description	Change	Modified On	Modified By Notes
① ERROR	Prior Authorization: Not Found	PNOT-	-	-	-	1/7/20, 3:46 PM	Calculate Engine Provider:AETN-000000001-1275804130 has no PA# for Recipient:1556223652 for Date of service:01/03/2020, S5130
① ERROR	Visit Missing Start and/or End Verification	VVER-	-	-	-	1/7/20, 3:46 PM	SQS Lambda

Note: Fields that have the “pencil” icon can be edited; more on that in [Remediating Visits for Submission to Payer](#).

Search List

Export Release Archive

Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
1	YORK	BROOKLYN	5605607513	S5130	-	UNMATCHED	S5130	A000	9/26/19, 4:57 PM	AC292548863	AETN	\$0.00	-

Detail: BROOKLYN YORK

Print Close

Status	UNMATCHED	Start Verification Method	GPS	Authorization Number	AC292548863
Payer Approval Status	Payer Approval Status	End Verification Method	GPS	Service ID	S5130
Recipient Name	BROOKLYN YORK	Actual Check-In Phone	Actual Check-In Phone	Diagnosis Code	A000
Recipient Date Of Birth	12/28/1917	Actual Check-Out Phone	Actual Check-Out Phone	HCPCS Code/Mods	S5130
Recipient Medicaid ID	5605607513	Scheduled Start Time/Date	Sep 26, 2019, 1:30:00 PM	Calculated Units	Calculated Units
Recipient Member ID	Recipient Member ID	Actual Start Time/Date	Sep 26, 2019, 4:57:51 PM	Calculated Amount (\$)	Calculated Amount

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Related topics:

- [Searching for a Visit](#)
- [Transferring Visits to the Work List Using the Visits Option](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Releasing a Rejected Claim](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

Releasing Matched Visits for Submission to Payer

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > Releasing Matched Visits for Submission to Payer

“Matched” visits are those that have been through the pre-adjudication process in the Tellus system and are ready to be released to Payers for adjudication and payment.

Visits are considered “Matched” if:

- All information aligns with the Prior Authorization and Payer business rules in the system.
- The date, time and location captured when the Rendering Provider clocked in and clocked out using their mobile app matches the schedule.
- The Rendering Provider has completed all services and tasks.

Note: It is important that you review Calculated Units and Calculated Amount on “Matched” visits to ensure that you are not under- or overbilling. The following instructions describe how to check and update units and the billable amount. There are other fields that can be updated as well; see [Remediating Visits for Submission to Payer](#) if you need instructions.

To check and release “Matched” visits:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information.)
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the visits](#) you want to release; be sure to select **Matched** in the **Statuses** field.

Worklist Archive New Claim

Payer AETNA OF FLORIDA

Recipient(s) Add Recipient

HCPCS Code(s) Add HCPCS Code

Status(es) **MATCHED**

Payer ICN(s) Add Payer ICN

Service ID(s) Add Service ID

Visit ID Enter Visit ID

Actual Service Dates From To

Search Clear New Claim

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- When the list displays, click the check box to the left of the claim you want to review.
- Click the line to see its detail.

Search List

Export Release Archive

Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mod	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input checked="" type="checkbox"/>	BRADLEY	MILTON	5966509710	T1021	3601886316	MATCHED	T1021	1234,R54	5/1/20, 6:00 AM	1236548524	AETN	-	\$0.00
<input type="checkbox"/>	BRADLEY	MILTON	5966509710	T1021	2179397314	MATCHED	T1021	1234,R54	5/21/20, 6:00 AM	1236548524	AETN	-	\$0.00
<input type="checkbox"/>	BRADLEY	MILTON	5966509710	T1021	1346858231	MATCHED	T1021	1234,R54	5/14/20, 6:00 AM	1236548524	AETN	-	\$0.00
<input type="checkbox"/>	ALLGEIER	GEORGE	5076506770	CE430	2700606424	MATCHED	CE430	1234,R54	5/21/20, 7:55 AM	1236548524	AETN	\$400.00	\$0.00
<input type="checkbox"/>	ALLGEIER	GEORGE	5076506770	CE430	2700606424	MATCHED	CE430	1234,R54	5/21/20, 7:55 AM	1236548524	AETN	\$400.00	\$0.00
<input type="checkbox"/>	ALLGEIER	GEORGE	5076506770	CE430	2700606424	MATCHED	CE430	1234,R54	5/21/20, 7:55 AM	1236548524	AETN	\$400.00	\$0.00
<input type="checkbox"/>	ALLGEIER	GEORGE	5076506770	CE430	2700606424	MATCHED	CE430	1234,R54	5/21/20, 7:55 AM	1236548524	AETN	\$400.00	\$0.00
<input type="checkbox"/>	BRADLEY	MILTON	5966509710	T1021	1346858231	MATCHED	T1021	1234,R54	5/14/20, 6:00 AM	1236548524	AETN	-	\$0.00
<input type="checkbox"/>	BRADLEY	MILTON	5966509710	T1021	1346858231	MATCHED	T1021	1234,R54	5/14/20, 6:00 AM	1236548524	AETN	-	\$0.00

Detail: MILTON BRADLEY

Print Close

Status	MATCHED	Start Verification Method	PC	Authorization Number	1236548524
Payer Approval Status	Payer Approval Status	End Verification Method	PC	Service ID	T1021
Recipient Name	MILTON BRADLEY	Actual Check-In Phone		Diagnosis Code	1234,R54
Recipient Date Of Birth	08/22/1944	Actual Check-Out Phone		HCPCS Code/Mod	T1021
Recipient Medicaid ID	5966509710	Scheduled Start Time/Date	May 1, 2020, 6:00:01 AM	Calculated Units	Calculated Units
Recipient Member ID		Actual Start Time/Date	May 1, 2020, 6:00:01 AM	Calculated Amount (\$)	Calculated Amount

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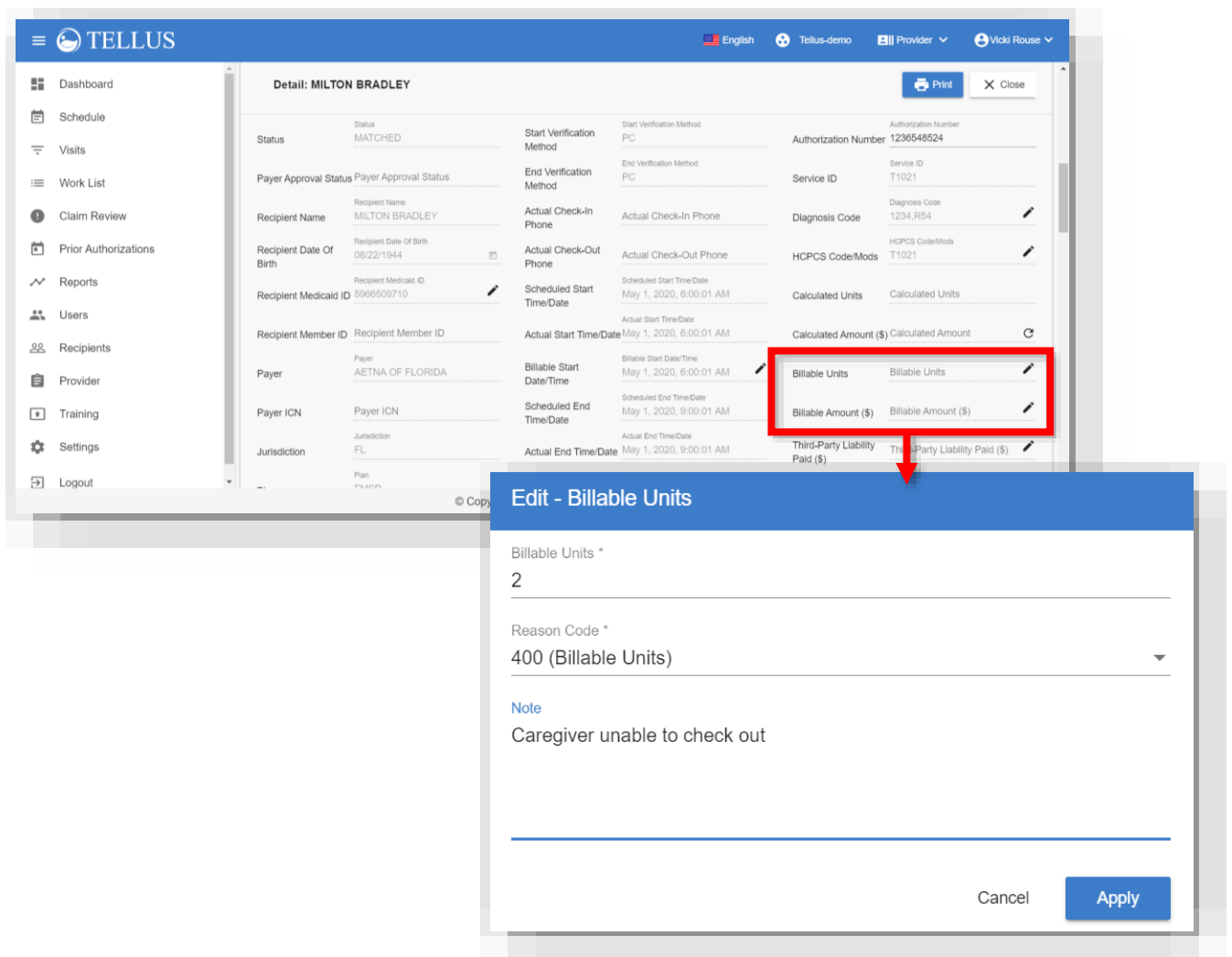
7. Check the values in the **Calculated Units** and **Calculated Amount** fields.

These fields are populated based on the Caregiver's entries in the EVV Mobile app. Click the "reload" icon to update the fields.

If the **Calculated Units** and **Calculated Amount** fields are correct, click **Release**.

If the **Calculated Units** and **Calculated Amount** fields are incorrect, you will use the **Billable Units** and **Billable Amount** fields to correct them. Follow the remaining steps.

8. To update **Billable Units**, click the "pencil" icon to the right of the field to open the **Edit Billable Units** dialog.



The screenshot shows the TELLUS interface with the 'Detail: MILTON BRADLEY' page. The 'Billable Units' field is highlighted with a red box, and a red arrow points to the 'Edit - Billable Units' dialog box.

Detail: MILTON BRADLEY

Status	MATCHED	Start Verification Method	PC	Authorization Number	1236548524
Payer Approval Status	Payer Approval Status	End Verification Method	PC	Service ID	T1021
Recipient Name	MILTON BRADLEY	Actual Check-In Phone	Actual Check-In Phone	Diagnosis Code	1234,R54
Recipient Date Of Birth	08/22/1944	Actual Check-Out Phone	Actual Check-Out Phone	HCPSC Code/Mod	T1021
Recipient Medicaid ID	5986509710	Scheduled Start Time/Date	May 1, 2020, 6:00:01 AM	Calculated Units	Calculated Units
Recipient Member ID	Recipient Member ID	Actual Start Time/Date	May 1, 2020, 6:00:01 AM	Calculated Amount (\$)	Calculated Amount
Payer	AETNA OF FLORIDA	Billable Start Date/Time	May 1, 2020, 6:00:01 AM	Billable Units	Billable Units
Payer ICN	Payer ICN	Scheduled End Time/Date	May 1, 2020, 9:00:01 AM	Billable Amount (\$)	Billable Amount (\$)
Jurisdiction	FL	Actual End Time/Date	May 1, 2020, 9:00:01 AM	Third-Party Liability Paid (\$)	Third-Party Liability Paid (\$)

Edit - Billable Units

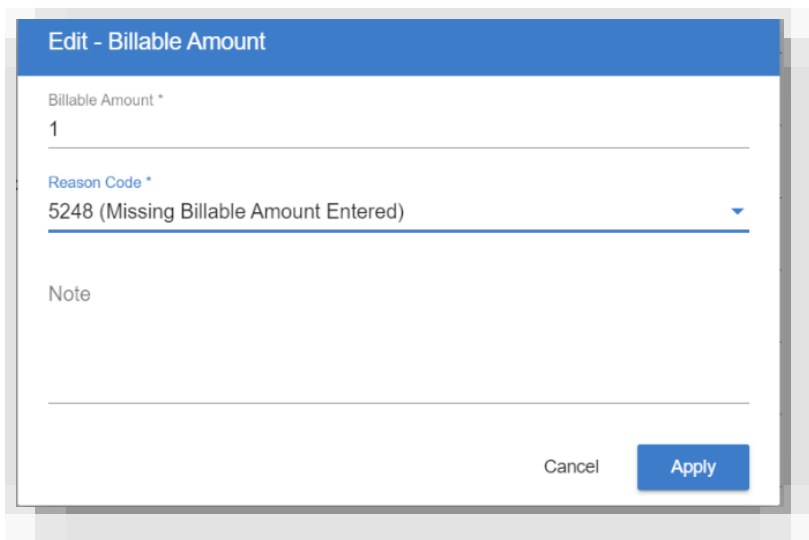
Billable Units *
2

Reason Code *
400 (Billable Units)

Note
Caregiver unable to check out

Cancel Apply

9. Enter the number of **Billable Units**
10. Use the **Reason Code** dropdown list to select Reason Code “400 (Billable Units).”
11. OPTIONAL: Enter a note.
12. Click **Apply**.
13. To update the **Billable Amount**, click the “pencil” icon to the right of the field to open the **Edit Billable Amount** dialog.

A screenshot of the "Edit - Billable Amount" dialog box. The dialog has a blue header bar with the title "Edit - Billable Amount". Below the header, there are three input fields: "Billable Amount *" with the value "1", "Reason Code *" with a dropdown menu showing "5248 (Missing Billable Amount Entered)", and "Note" which is currently empty. At the bottom right of the dialog, there are two buttons: "Cancel" and "Apply".

14. Enter the correct Billable Amount.
15. Use the **Reason Code** dropdown to select Reason Code “5248 (Missing Billable Amount Entered).”
16. OPTIONAL: Enter a Note.
17. Click **Apply**.
18. When you return to the visit detail, click **Close**.
19. After reviewing and, if necessary, updating all visits, you are ready to release them; do one of the following:
 - Select all visits by checking the checkbox to the left of the column headings; all checkboxes for all visits will be checked. You can uncheck any visits you do not want released by clicking the checkbox for individual visits.
 - Select specific visits you want to release by checking the box to the left of each visit.

Search List												
Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mod	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount
1	YORK	BROOKLYN	5605607513	S5130	2473998043	MATCHED	S5130	250.80	11/14/19, 10:30 AM	-	AETN	\$20.25
2	ADAMSON	ADAM	121236540	S5130	0506309901	MATCHED	S5130	Z510	12/27/19, 9:47 PM	-	AETN	-
3	NEW YORKER	BRONX	-	T1030	3733753314	MATCHED	T1030 (TT)	A0104	1/15/20, 4:58 PM	-	AETN	-
4	DOE	WARREN	7090956951	S9122	-	MATCHED	S9122	A0222	7/1/19, 8:30 AM	AC1514287366	AETN	\$15.01
5	DOE	WARREN	7090956951	S9122	-	MATCHED	S9122	A0222	7/1/19, 8:05 AM	AC1514287366	AETN	\$19.95
6	SMITH	JEROLD	6659125677	S9122	-	MATCHED	S9122 (TT)	A013	5/10/19, 1:10 PM	AC793570631	AETN	\$15.00
7	SMITH	JEROLD	6659125677	S9122	-	MATCHED	S9122 (TT)	A013	5/10/19, 1:40 PM	AC793570631	AETN	\$123.45
8	WRAP	SARA	6009779650	S9122	-	MATCHED	S9122	A0221	6/30/19, 5:35 PM	AC436436591	AETN	\$30.02
9	ALLGEIER	GEORGE	5076596779	S5130	1882056297	MATCHED	S5130	A000	12/18/19, 4:30 AM	AC941071488	AETN	\$15.00
10	BRADLEY	MILTON	5966509796	S5130	-	MATCHED	S5130	A000	8/13/19, 12:00 PM	AC265273356	AETN	\$23.40

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20. Click **Release**.

You can see released visits using the [Claim Review](#) option.

Related topics:

- [Searching for a Visit](#)
- [Transferring Visits to the Work List Using the Visits Option](#)
- [Reviewing Completed Visits](#)
- [Releasing a Rejected Claim](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

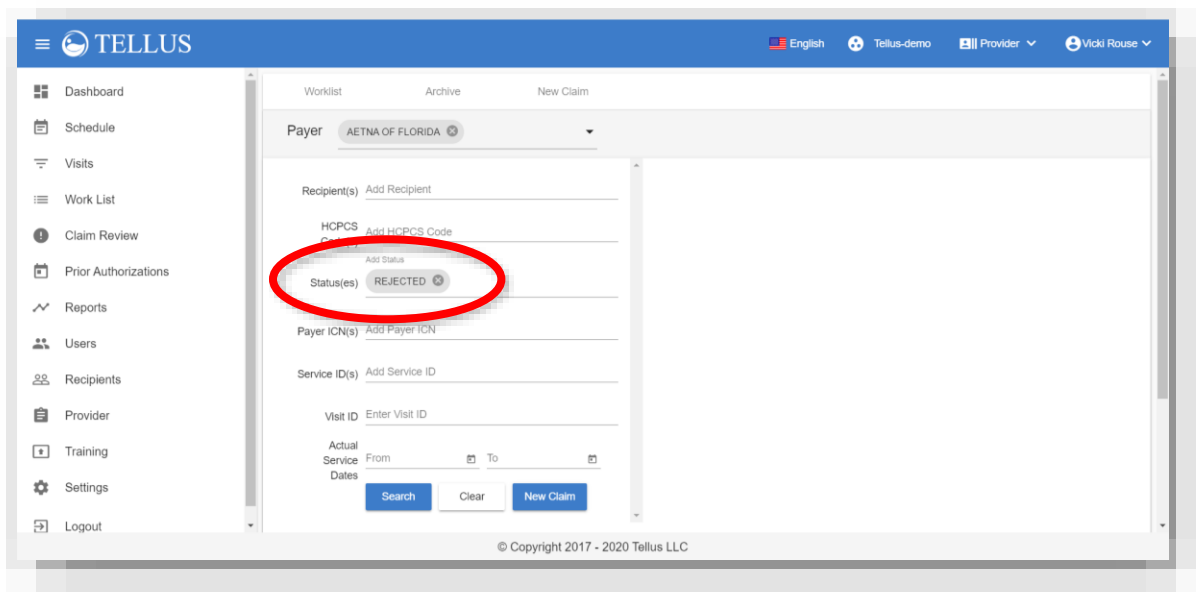
Releasing a Rejected Claim

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > Releasing a Rejected Claim

“Rejected” claims are those that have been rejected by the payer. Errors on the claim must be corrected and then the claim can be released

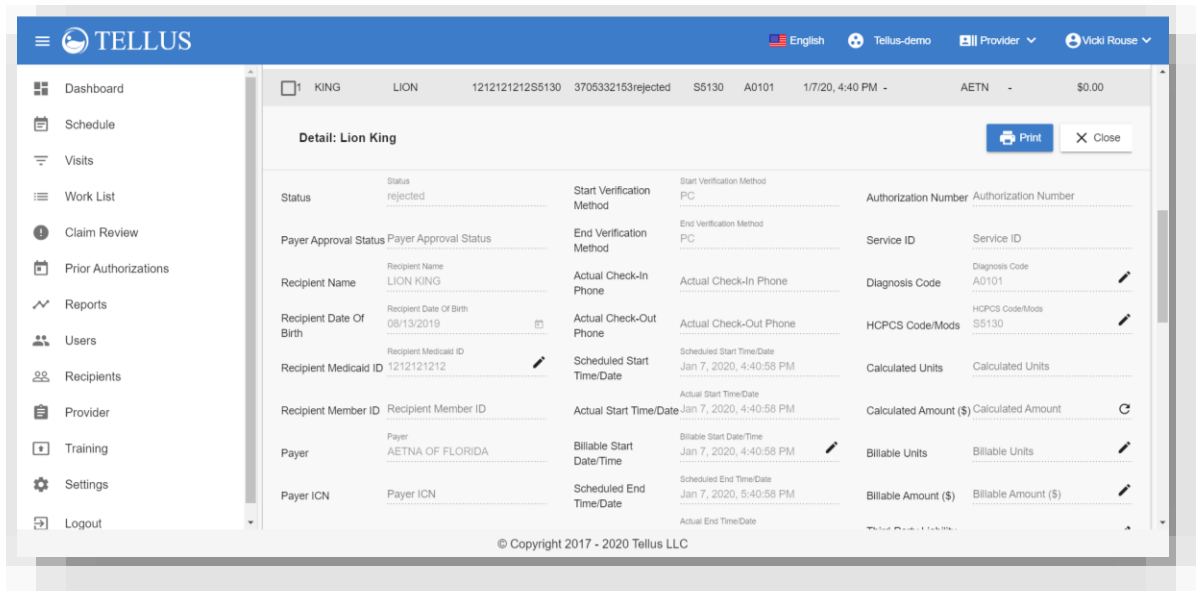
To correct and release a “Rejected” claim:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information.)
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the visits](#) you want to release; be sure to select **Rejected** in the **Statuses** field.



The screenshot shows the Tellus EVV Claims Work List interface. The left sidebar contains a Main Menu with options: Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area has tabs for Worklist, Archive, and New Claim. The Payer dropdown is set to AETNA OF FLORIDA. The Recipient(s) field has an Add Recipient button. The HCPCS field has an Add HCPCS Code button. The Status(es) field is highlighted with a red circle and contains the value REJECTED. The Payer ICN(s) field has an Add Payer ICN button. The Service ID(s) field has an Add Service ID button. The Visit ID field has an Enter Visit ID button. The Actual Service Dates field has From and To date pickers. At the bottom are Search, Clear, and New Claim buttons. The footer indicates Copyright 2017 - 2020 Tellus LLC.

5. When the list displays, click a line to see its detail.



Detail: Lion King

Status: rejected

Start Verification Method: PC

End Verification Method: PC

Authorization Number: Authorization Number

Payer Approval Status: Payer Approval Status

Recipient Name: LION KING

Recipient Date Of Birth: 08/13/2019

Recipient Medicaid ID: 1212121212

Recipient Member ID: Recipient Member ID

Payer: AETNA OF FLORIDA

Payer ICN: Payer ICN

Actual Check-In Phone: Actual Check-In Phone

Actual Check-Out Phone: Actual Check-Out Phone

Scheduled Start Time/Date: Jan 7, 2020, 4:40:58 PM

Actual Start Time/Date: Jan 7, 2020, 4:40:58 PM

Billable Start Date/Time: Jan 7, 2020, 4:40:58 PM

Scheduled End Time/Date: Jan 7, 2020, 5:40:58 PM

Actual End Time/Date: Actual End Time/Date

Diagnosis Code: A0101

HCPCS Code/Mod: S5130

Calculated Units: Calculated Units

Calculated Amount (\$): Calculated Amount

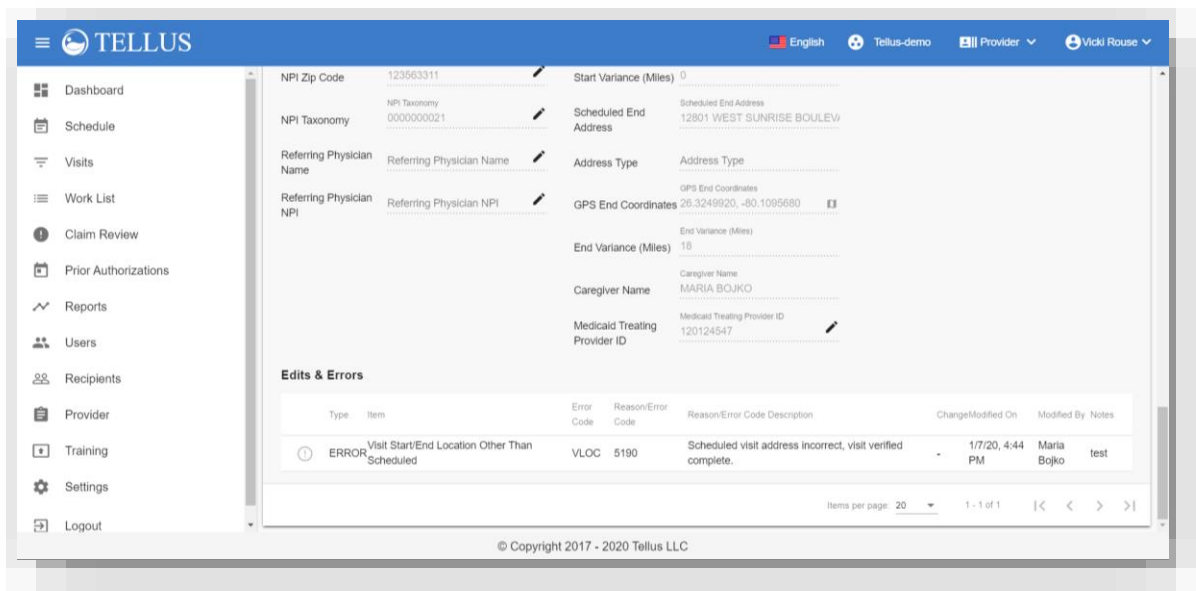
Billable Units: Billable Units

Billable Amount (\$): Billable Amount (\$)

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6. Scroll to the bottom of the detail to see the error that caused the visit to be rejected.

Note: If you do not understand the error, contact Tellus Customer Support by emailing info@4tellus.com or calling (833) 4TELLUS | (833) 483-5587.



Edits & Errors

Type	Item	Error Code	Reason/Error Code	Reason/Error Code Description	Change/Modified On	Modified By	Notes
ERROR	Visit Start/End Location Other Than Scheduled	VLOC 5190		Scheduled visit address incorrect, visit verified complete.	1/7/20, 4:44 PM	Maria Bojko	test

Items per page: 20 1 - 1 of 1

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7. Make corrections as follows:

- Click the “pencil” icon to the right of the field that needs to be corrected.

Edit - Medicaid ID

Medicaid ID *

1212121213

Reason Code *

9046 (Recipient Medicaid ID)

Note

Cancel

Apply

- Make entries as needed; you may need to enter a Reason Code and you may have the option to enter a Note.
- When you are finished editing the error, click **Apply**.

Search List

Export

Release

Archive

<input checked="" type="checkbox"/> Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input checked="" type="checkbox"/> 1	YORK	BROOKLYN	5605607513	S5130	2473998043	MATCHED	S5130	250.80	11/14/19, 10:30 AM	-	AETN	-	\$20.25
<input checked="" type="checkbox"/> 2	ADAMSON	ADAM	121236540	S5130	0506309901	MATCHED	S5130	Z510	12/27/19, 9:47 PM	-	AETN	-	-
<input checked="" type="checkbox"/> 3	NEW YORKER	BRONX	-	T1030	3733753314	MATCHED	T1030 (TT)	A0104	1/15/20, 4:58 PM	-	AETN	-	-
<input checked="" type="checkbox"/> 4	DOE	WARREN	7090956951	S9122	-	MATCHED	S9122	A0222	7/1/19, 8:30 AM	AC1514287366	AETN	\$15.01	-
<input checked="" type="checkbox"/> 5	DOE	WARREN	7090956951	S9122	-	MATCHED	S9122	A0222	7/1/19, 8:05 AM	AC1514287366	AETN	\$15.01	\$19.95
<input checked="" type="checkbox"/> 6	SMITH	JEROLD	6659125677	S9122	-	MATCHED	S9122 (TT)	A013	5/10/19, 1:10 PM	AC793570631	AETN	\$15.00	-
<input checked="" type="checkbox"/> 7	SMITH	JEROLD	6659125677	S9122	-	MATCHED	S9122 (TT)	A013	5/10/19, 1:40 PM	AC793570631	AETN	\$15.00	\$123.45
<input checked="" type="checkbox"/> 8	WRAP	SARA	6009779650	S9122	-	MATCHED	S9122	A0221	6/30/19, 5:35 PM	AC436436591	AETN	\$30.02	-
<input checked="" type="checkbox"/> 9	ALLGEIER	GEORGE	5076596779	S5130	1882056297	MATCHED	S5130	A000	12/18/19, 4:30 AM	AC941071488	AETN	\$0.00	\$15.00
<input checked="" type="checkbox"/> 10	BRADLEY	MILTON	5966509796	S5130	-	MATCHED	S5130	A000	8/13/19, 12:00 PM	AC265273356	AETN	\$23.40	-

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- When you return to the list of visits, check the box to the left of the visits to be released.

9. Click ***Release***.

You can see released visits using the [Claim Review](#) option.

Related topics:

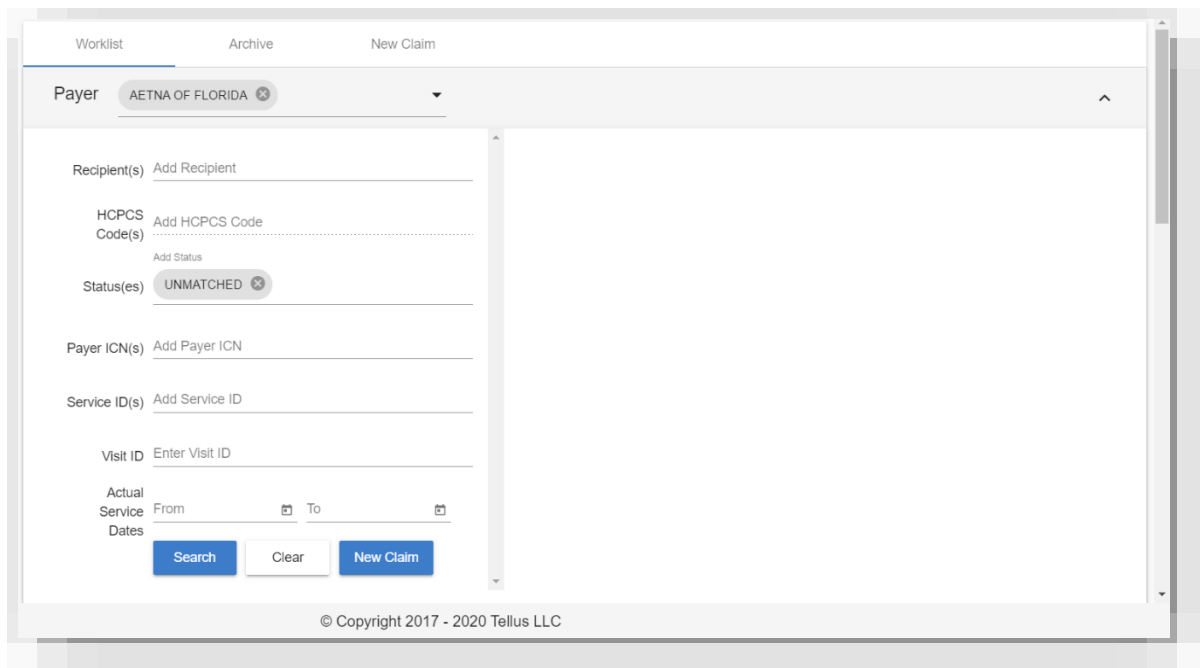
- [Searching for a Visit](#)
- [Transferring Visits to the Work List Using the Visits Option](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

Remediating Visits for Submission to Payer

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > Remediating Unmatched Visits

Any “Unmatched” visits must be corrected and changed to a “Matched” status before they can be released for submission to a Payer. To correct an “Unmatched” visit:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the visits](#) you want to remediate; be sure to select **Unmatched** in the **Statuses** field to narrow your search.



The screenshot displays the 'Worklist' tab in the Tellus EVV Claims system. The 'Payer' dropdown is set to 'AETNA OF FLORIDA'. The 'Status(es)' dropdown is set to 'UNMATCHED'. Other fields include 'Recipient(s)', 'HCPCS Code(s)', 'Payer ICN(s)', 'Service ID(s)', 'Visit ID', and 'Actual Service Dates' (with 'From' and 'To' date pickers). At the bottom, there are 'Search', 'Clear', and 'New Claim' buttons. The footer indicates '© Copyright 2017 - 2020 Tellus LLC'.

- When you click **Search**, the list of visits that meet your criteria will be listed on the screen.

Worklist Archive New Claim													
Payer AETNA OF FLORIDA													
Search List										Export	Release	Archive	
Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
1	YORK	BROOKLYN	5605607513	S5130	-	UNMATCHED	S5130	A000	9/26/19, 4:57 PM	-	AETN	-	\$1.00
2	ARTY	ARTY	1556223652	S5130	2394882462	UNMATCHED	S5130	A000	1/3/20, 3:40 PM	-	AETN	\$42.00	-
3	NEW YORKER	BRONX	-	S9124	1136546128	UNMATCHED	S9124	A0104	12/16/19, 2:30 PM	-	AETN	\$0.00	-
4	JONES	BRYANT	1896065059	S5150	2031179421	UNMATCHED	S5150	A000	11/15/19, 1:00 PM	-	AETN	\$79.99	-
5	BRADLEY	MILTON	5966509796	S5150	1500004936	UNMATCHED	S5150	A001	12/18/19, 10:45 AM	-	AETN	\$79.99	-
6	WAYBILL	FEE	8902385630925	T1005	0506377258	UNMATCHED	T1005	A202	10/19/19, 9:10 AM	-	AETN	-	-
7	YORK	BROOKLYN	5605607513	S5130	2416106405	UNMATCHED	S5130	250.80	11/15/19, 3:45 PM	AC292548863	AETN	\$0.00	-
8	YORK	BROOKLYN	5605607513	T1005	-	UNMATCHED	T1005	A000	9/14/19, 10:04 AM	-	AETN	-	-

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- Click an “Unmatched” visit to see its detail.

2	ARTY	ARTY	1556223652	S5130	2394882462	UNMATCHED	S5130	A000	1/3/20, 3:40 PM	-	AETN	\$42.00	-
---	------	------	------------	-------	------------	-----------	-------	------	-----------------	---	------	---------	---

Detail: Arty Arty
Print
Close

Status	UNMATCHED	Start Verification Method	NON	Authorization Number	Authorization Number
Payer Approval Status	Payer Approval Status	End Verification Method	End Verification Method	Service ID	Service ID
Recipient Name	ARTY ARTY	Actual Check-In Phone	Actual Check-In Phone	Diagnosis Code	A000
Recipient Date Of Birth	03/25/1979	Actual Check-Out Phone	Actual Check-Out Phone	HCPCS Code/Mods	S5130
Recipient Medicaid ID	1556223652	Scheduled Start Time/Date	Jan 3, 2020, 3:40:00 PM	Calculated Units	2
Recipient Member ID	Recipient Member ID	Actual Start Time/Date	Jan 3, 2020, 3:40:00 PM	Calculated Amount (\$)	42
Payer	AETNA OF FLORIDA	Billable Start Date/Time	Jan 3, 2020, 3:40:00 PM	Billable Units	Billable Units
Payer ICN	Payer ICN	Scheduled End Time/Date	Jan 3, 2020, 5:25:00 PM	Billable Amount (\$)	Billable Amount (\$)
		Actual End Time/Date	Jan 3, 2020, 5:25:00 PM	Third-Party Liability	Third-Party Liability

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7. Scroll to the bottom to see **Edits & Errors**; there you will find the corrections that need to be made.

Edits & Errors							
Type	Item	Error Code	Reason/Error Code	Reason/Error Description	Change Code	Modified On	Modified By Notes
❗	ERROR	Prior Authorization: Not Found	PNOT-	-	-	1/7/20, 3:46 PM	Calculate Engine Provider:AETN-000000001-1275804130 has no PA# for Recipient:1556223652 for Date of service:01/03/2020, S5130
❗	ERROR	Visit Missing Start and/or End Verification	VVER-	-	-	1/7/20, 3:46 PM	SQS Lambda -

8. Make corrections as follows:

- First, select a reason code for the error: Click the “blue exclamation point” icon to the left of the error to open the Edit Error window.

Make a selection from the from the **Reason Code** dropdown list.

If an “*” appears after **Note**, an entry is required.

When you are finished editing the error, click **Apply**.

Edit Error

Error

VISIT: START/END LOCATION OTHER THAN SCHEDULED

Reason Code *

Note

Cancel

Apply

- Second, make the correction in the appropriate field.

Scroll up to the field that needs to be corrected and click the “pencil” icon to open a dialog box where you can make the correct entry.

Click **Apply** to save your changes.

When you finish and all entries are correct, the visit status will be updated to **Matched**.

Note: Missing or incorrect information associated with the Prior Authorization cannot be updated and the status for the visit will remain “Unmatched,” even if you have made corrections. Tellus uploads batches of information from Payers routinely (often once a day). When a batch containing the correct Prior Authorization information is uploaded, the visit status will automatically be updated to “Matched” and you can [release the visit](#).

9. Click **Release**.

You can see released visits using the [Claim Review](#) option.

Related topics:

- [Searching for a Visit](#)
- [Transferring Visits to the Work List Using the Visits Option](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Releasing a Rejected Claim](#)
- [Archiving Visits](#)
- [Creating a New Visit](#)

Archiving Visits

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > Archiving Visits

If you have “Unmatched” visits that you want to set aside and remove from the Work List, you can do that by archiving. For example: you know a Payer will not have the Prior Authorizations that you need to match a group of visits available for some time. In this case, you might want to remove those “Unmatched” visits from the Work List temporarily. You can return the visits to the Work List later, when Prior Authorizations are available.

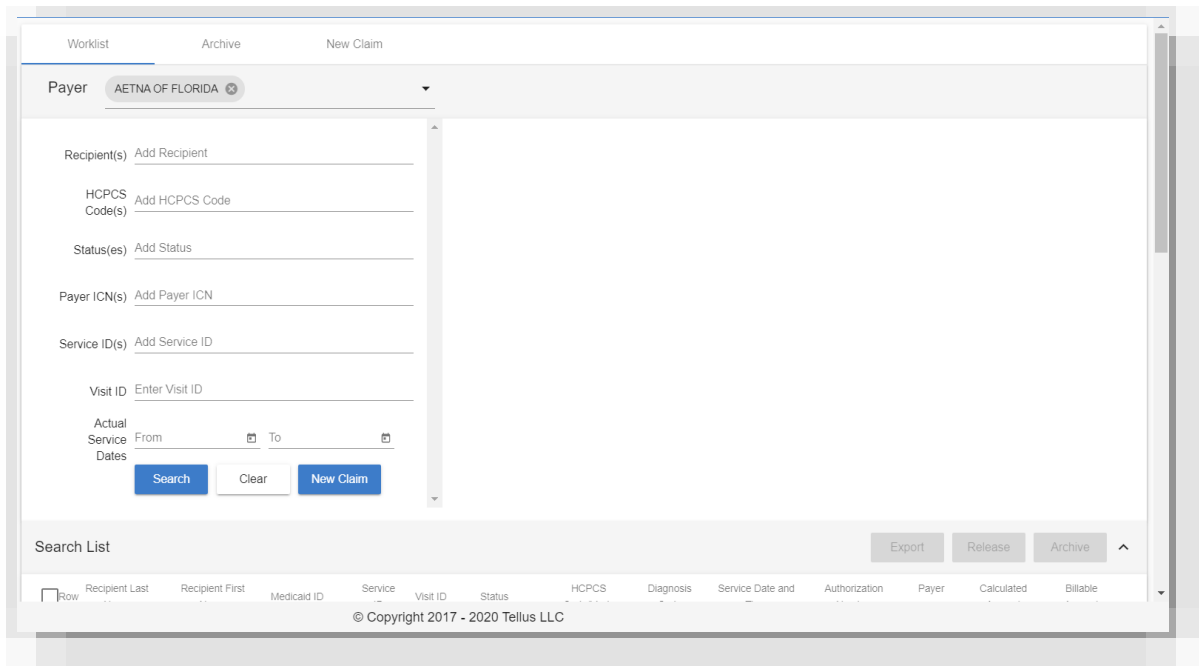
You may also want to archive non-payable visits; non-payable visits cannot be deleted from the Work List.

Note: Archived visits are not included in reports.

Important: If you move a payable “Unmatched” visit to Archive, you must remember that the visit is housed there. Tellus EVV will NOT remind you of the Timely Filing deadline for submitting a visit for payment per the contract with the Payer. Visits that are not submitted by the Timely Filing deadline will be denied and cannot be resubmitted.

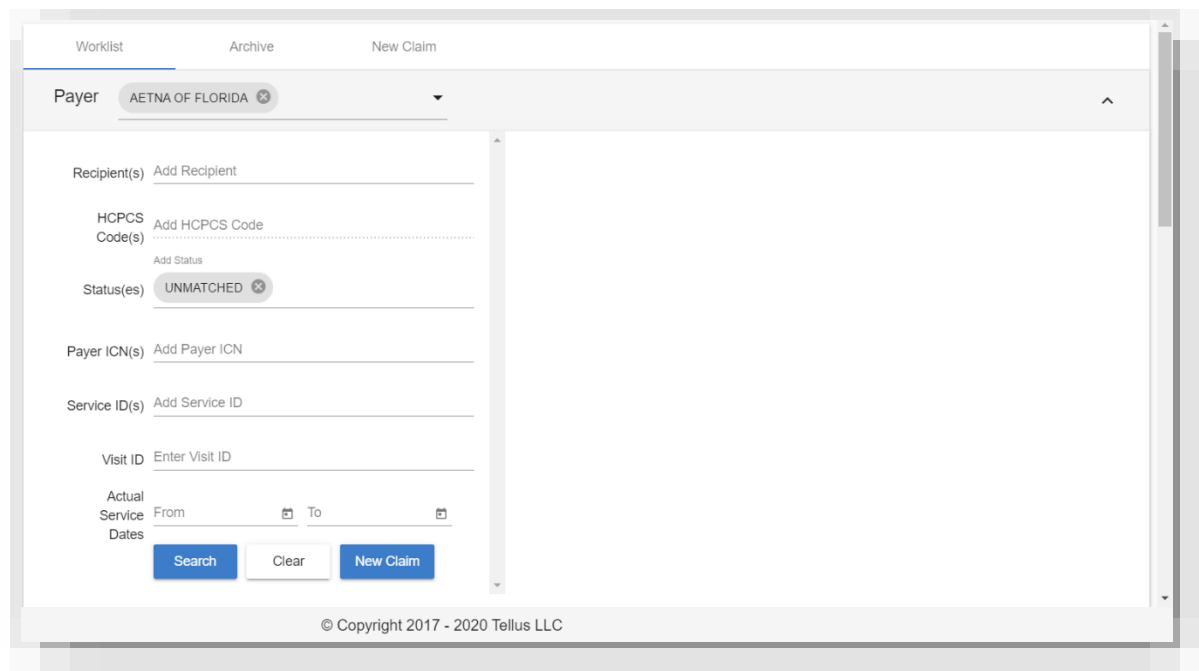
To archive visits:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.



4. [Search for the visits](#) you want to archive.

*Hint: You should only archive “Unmatched” visits; select **Unmatched** in the **Statuses** field to narrow your search.*



5. When you click **Search**, the visits that match your criteria are listed on the screen.

Worklist

Archive

New Claim

Payer

AETNA OF FLORIDA

Search List

Export

Release

Archive

<input type="checkbox"/> Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mods	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input type="checkbox"/> 1	YORK	BROOKLYN	5605607513	S5130	-	UNMATCHED	S5130	A000	9/26/19, 4:57 PM	-	AETN	-	\$1.00
<input type="checkbox"/> 2	ARTY	ARTY	1556223652	S5130	2394882462	UNMATCHED	S5130	A00	1/3/20, 3:40 PM	-	AETN	-	-
<input type="checkbox"/> 3	NEW YORKER	BRONX	-	S9124	1136546128	UNMATCHED	S9124	A0104	12/16/19, 2:30 PM	-	AETN	\$0.00	-
<input type="checkbox"/> 4	JONES	BRYANT	1896065059	S5150	2031179421	UNMATCHED	S5150	A000	11/15/19, 1:00 PM	-	AETN	\$79.99	-
<input type="checkbox"/> 5	BRADLEY	MILTON	5966509796	S5150	1500004936	UNMATCHED	S5150	A001	12/18/19, 10:45 AM	-	AETN	\$79.99	-
<input type="checkbox"/> 6	WAYBILL	FEE	8902385630925	T1005	0506377258	UNMATCHED	T1005	A202	10/19/19, 9:10 AM	-	AETN	-	-
<input type="checkbox"/> 7	YORK	BROOKLYN	5605607513	S5130	2416106405	UNMATCHED	S5130	250.80	11/15/19, 3:45 PM	AC292548863	AETN	\$0.00	-
<input type="checkbox"/> 8	YORK	BROOKLYN	5605607513	T1005	-	UNMATCHED	T1005	A000	9/14/19, 10:04 AM	-	AETN	-	-

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6. Select the visits you want to archive:

- Click the checkbox to the left of the column headers to select all visits.
- Click the check box to the left of the individual visits you want to archive.

Worklist Archive New Claim

Payer AETNA OF FLORIDA

Search List

Export Release Archive

Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mod	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input checked="" type="checkbox"/> 1	YORK	BROOKLYN	5605607513	S5130	-	UNMATCHED	S5130	A000	9/26/19, 4:57 PM	-	AETN	-	\$1.00
<input type="checkbox"/> 2	ARTY	ARTY	1556223652	S5130	2394882462	UNMATCHED	S5130	A00	1/3/20, 3:40 PM	-	AETN	-	-
<input type="checkbox"/> 3	NEW YORKER	BRONX	-	S9124	1136546128	UNMATCHED	S9124	A0104	12/16/19, 2:30 PM	-	AETN	\$0.00	-
<input type="checkbox"/> 4	JONES	BRYANT	1896065059	S5150	2031179421	UNMATCHED	S5150	A000	11/15/19, 1:00 PM	-	AETN	\$79.99	-
<input type="checkbox"/> 5	BRADLEY	MILTON	5966509796	S5150	1500004936	UNMATCHED	S5150	A001	12/18/19, 10:45 AM	-	AETN	\$79.99	-
<input type="checkbox"/> 6	WAYBILL	FEE	8902385630925	T1005	0506377258	UNMATCHED	T1005	A202	10/19/19, 9:10 AM	-	AETN	-	-
<input checked="" type="checkbox"/> 7	YORK	BROOKLYN	5605607513	S5130	2416106405	UNMATCHED	S5130	250.80	11/15/19, 3:45 PM	AC292548863	AETN	\$0.00	-
<input checked="" type="checkbox"/> 8	YORK	BROOKLYN	5605607513	T1005	-	UNMATCHED	T1005	A000	9/14/19, 10:04 AM	-	AETN	-	-

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7. Click **Archive**.

8. When the message window confirming the archive opens, click **OK** to archive, or **Cancel** if you do not want to archive at this time.

Worklist Archive New Claim

Payer AETNA OF FLORIDA

Search List

Export Release Archive

Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mod	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input checked="" type="checkbox"/> 1	YORK	BROOKLYN	5605607513	S5130	-	UNMATCHED	S5130	A000	9/26/19, 4:57 PM	-	AETN	-	\$1.00
<input type="checkbox"/> 2	ARTY	ARTY	1556223652	S5130	2394882462	UNMATCHED	S5130	A00	1/3/20, 3:40 PM	-	AETN	-	-
<input type="checkbox"/> 3	NEW YORKER	BRONX	-	S9124	1136546128	UNMATCHED	S9124	A0104	12/16/19, 2:30 PM	-	AETN	\$0.00	-
<input type="checkbox"/> 4	JONES	BRYANT	1896065059	S5150	2031179421	UNMATCHED	S5150	A000	11/15/19, 1:00 PM	-	AETN	\$79.99	-
<input type="checkbox"/> 5	BRADLEY	MILTON	5966509796	S5150	1500004936	UNMATCHED	S5150	A001	12/18/19, 10:45 AM	-	AETN	\$79.99	-
<input type="checkbox"/> 6	WAYBILL	FEE	8902385630925	T1005	0506377258	UNMATCHED	T1005	A202	10/19/19, 9:10 AM	-	AETN	-	-
<input checked="" type="checkbox"/> 7	YORK	BROOKLYN	5605607513	S5130	2416106405	UNMATCHED	S5130	250.80	11/15/19, 3:45 PM	AC292548863	AETN	\$0.00	-
<input checked="" type="checkbox"/> 8	YORK	BROOKLYN	5605607513	T1005	-	UNMATCHED	T1005	A000	9/14/19, 10:04 AM	-	AETN	-	-

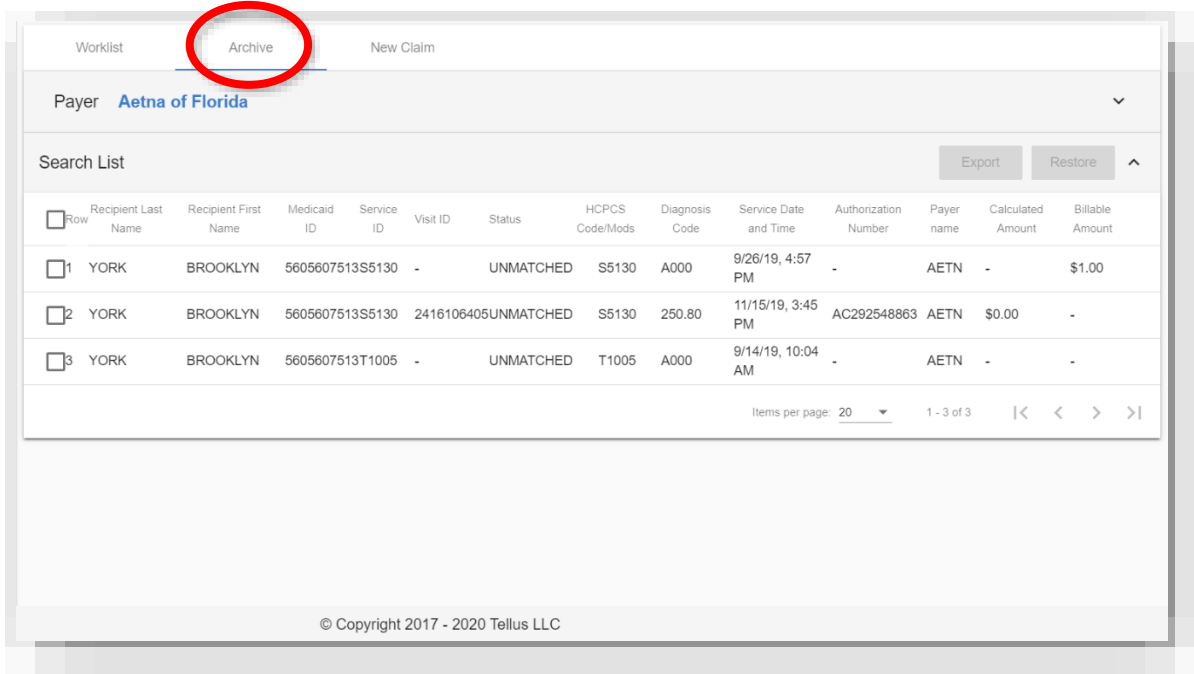
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The selected record(s) will be moved to the Archive from the Active Worklist

Are you sure that you wish to proceed?

OK Cancel

9. Click the Archive tab to view archived visits; use the [Search](#) fields at the top of the page to find them.



Worklist **Archive** New Claim

Payer **Aetna of Florida**

Search List Export Restore

<input type="checkbox"/> Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mod	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input type="checkbox"/> 1	YORK	BROOKLYN	5605607513S5130	-		UNMATCHED	S5130	A000	9/26/19, 4:57 PM	-	AETN	-	\$1.00
<input type="checkbox"/> 2	YORK	BROOKLYN	5605607513S5130	2416106405		UNMATCHED	S5130	250.80	11/15/19, 3:45 PM	AC292548863	AETN	\$0.00	-
<input type="checkbox"/> 3	YORK	BROOKLYN	5605607513T1005	-		UNMATCHED	T1005	A000	9/14/19, 10:04 AM	-	AETN	-	-

Items per page: 20 1 - 3 of 3 |< < > >|

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Related topics:

- [Searching for a Visit](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Creating a New Visit](#)

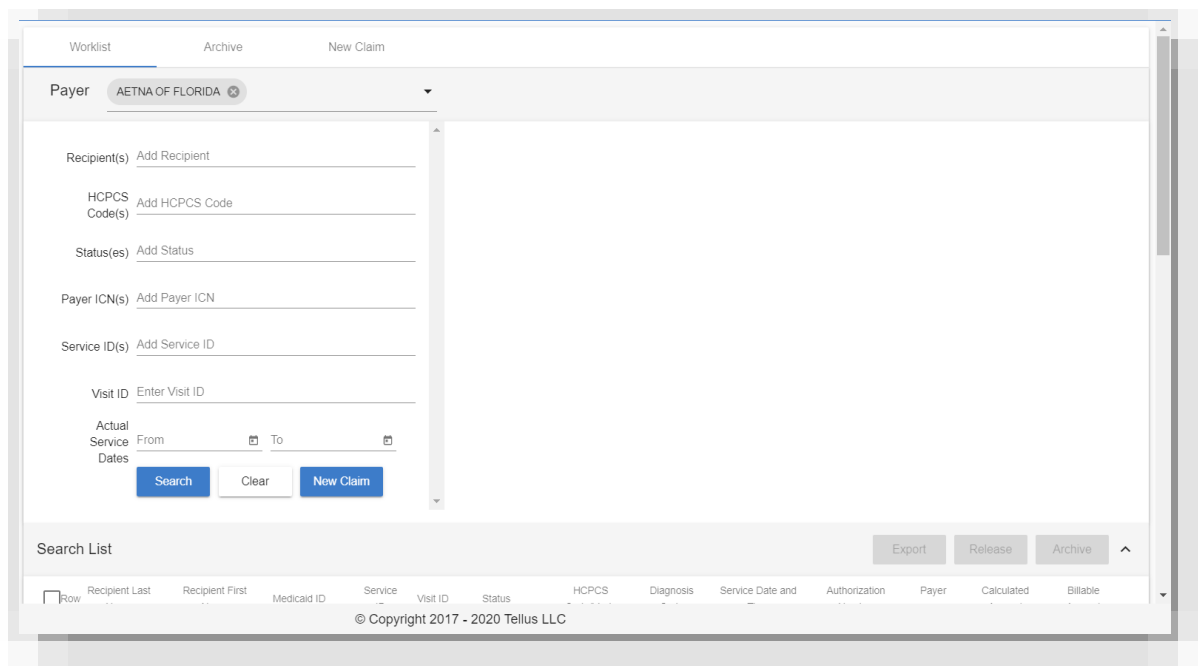
Searching for Archived Visits

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > [Archiving Visits](#) > Searching for Archived Visits

When you [archive visits](#) they are moved to the Archive tab of the Work List. To find an archived visit:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

*Note: Making a **Payer** selection enables the Archive and New Claim tabs.*



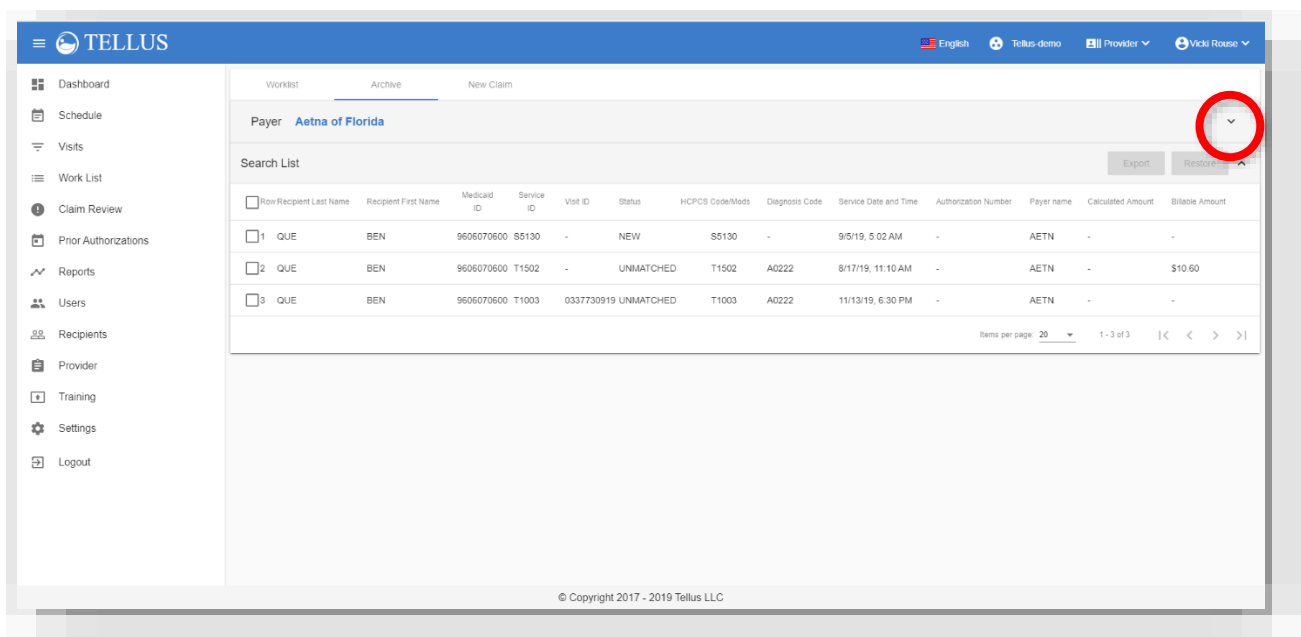
The screenshot shows the 'Worklist' tab selected at the top. Below the tabs, there is a 'Payer' dropdown menu set to 'AETNA OF FLORIDA'. To the right of the dropdown are 'Export', 'Release', and 'Archive' buttons. Below the dropdown is a 'Search List' section with a table. The table has columns: Row, Recipient Last, Recipient First, Medicaid ID, Service, Visit ID, Status, HCPCS, Diagnosis, Service Date and, Authorization, Payer, Calculated, and Billable. The table is currently empty. At the bottom of the page, there is a copyright notice: '© Copyright 2017 - 2020 Tellus LLC'.

4. Click the **Archive** tab at the top of the page.
5. Enter any combination of search criteria you want. Click in each of the following fields and select from the list that displays:
 - Recipient(s)
 - Services(s)
 - **Statuses**: New, Matched or Unmatched
 - **Service ID(s)**

Note: You cannot use the Payer ICN (s) (internal control number) to search for visits. ICN is a claim number that is assigned after the visit is submitted to the Payer.

6. If you want to search for claims by date, click the calendar icon in the **Actual Service Dates From** or **To** fields.
7. Click **Search**.

A list of archived visits will display below the search fields. Click **^** to collapse the search fields to see the list; Click **v** to expand the search fields.



The screenshot shows the TELLUS application interface. The top navigation bar includes the TELLUS logo, language settings (English), user profile (Vicki Rouse), and a dropdown menu. The left sidebar contains various navigation options: Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Payer: Aetna of Florida' and displays a 'Search List' table. The table has columns for Row, Recipient Last Name, Recipient First Name, Medicaid ID, Service ID, Visit ID, Status, HCPCS Code/Mod, Diagnosis Code, Service Date and Time, Authorization Number, Payer name, Calculated Amount, and Billable Amount. Three rows of data are visible, each with a checkbox in the 'Row' column. A red circle highlights the expand/collapse icon in the top right corner of the search fields.

Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mod	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input type="checkbox"/> 1	QUE	BEN	9606070600	S5130	-	NEW	S5130	-	9/5/19, 5:02 AM	-	AETN	-	-
<input type="checkbox"/> 2	QUE	BEN	9606070600	T1502	-	UNMATCHED	T1502	A0222	8/17/19, 11:10 AM	-	AETN	-	\$10.60
<input type="checkbox"/> 3	QUE	BEN	9606070600	T1003	0337730919	UNMATCHED	T1003	A0222	11/13/19, 6:30 PM	-	AETN	-	-

Items per page: 20 1 - 3 of 3 |< < > >|

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Related topics:

- [Searching for a Visit](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Creating a New Visit](#)

Returning Archived Visits to the Work List

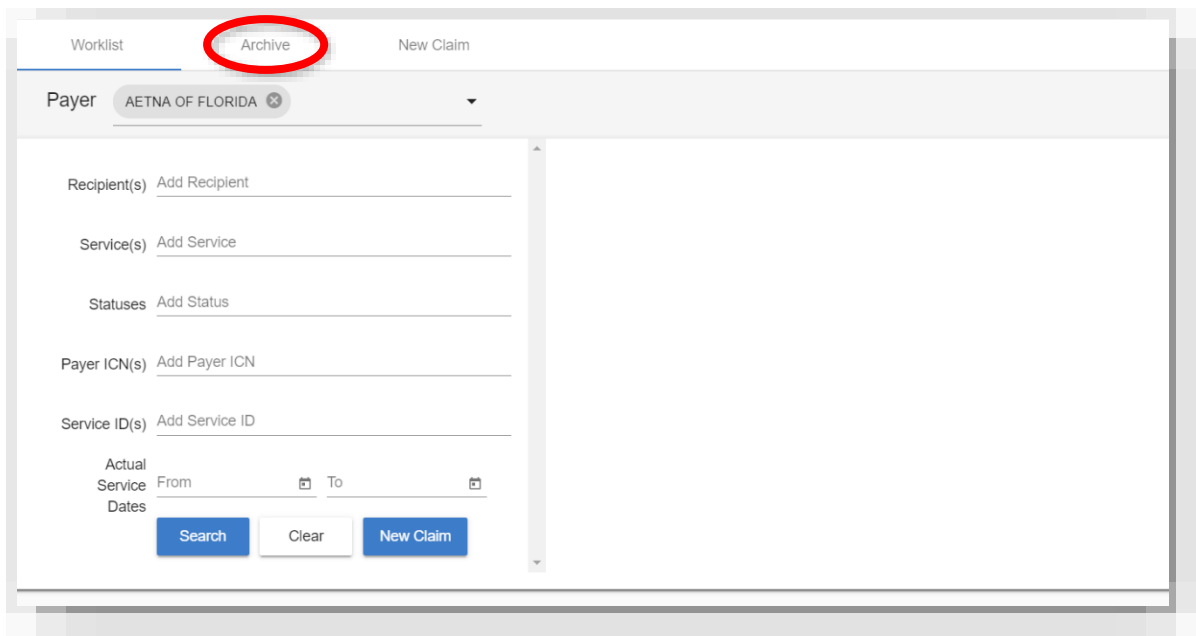
You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > [Archiving Visits](#) > Returning Archived Visits to the Work List

If you [archived visits](#) to remove them from the Work List temporarily, you can retrieve them from the Archive tab and return them to the Work List:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

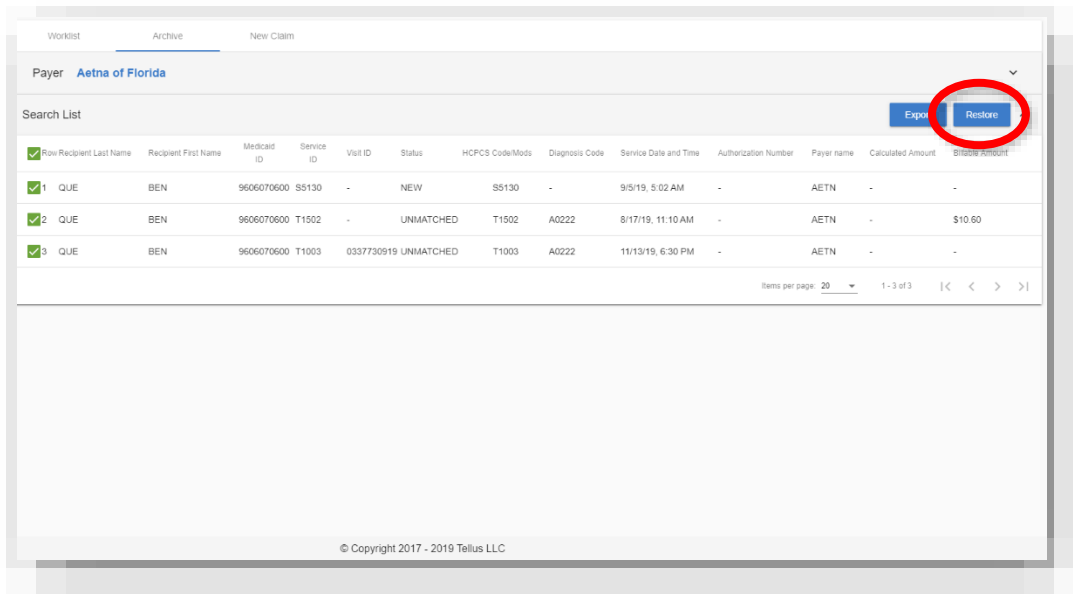
*Note: Making a **Payer** selection enables the Archive and New Claim tabs.*

4. At the top of the page, select the **Archive** tab at the top of the screen.



The screenshot shows the Tellus EVV Claims interface. At the top, there are three tabs: 'Worklist', 'Archive', and 'New Claim'. The 'Archive' tab is selected and highlighted with a red circle. Below the tabs, there is a 'Payer' dropdown menu with 'AETNA OF FLORIDA' selected. Below the payer menu, there are several input fields for adding recipients, services, statuses, payer ICN(s), and service ID(s). At the bottom, there are 'Actual Service Dates' fields with 'From' and 'To' date pickers, and three buttons: 'Search', 'Clear', and 'New Claim'.

5. [Search for visits](#) you want to return to the Work List and select them by doing one of the following:
 - Click the checkbox to the left of the column headers to select all visits.
 - Click the individual visits you want to return.



	Row	Recipient Last Name	Recipient First Name	Medicaid ID	Service ID	Visit ID	Status	HCPCS Code/Mod	Diagnosis Code	Service Date and Time	Authorization Number	Payer name	Calculated Amount	Billable Amount
<input checked="" type="checkbox"/>	1	QUE	BEN	9606070600	SS130	-	NEW	SS130	-	9/5/19, 5:02 AM	-	AETN	-	-
<input checked="" type="checkbox"/>	2	QUE	BEN	9606070600	T1502	-	UNMATCHED	T1502	A0222	8/17/19, 11:10 AM	-	AETN	-	\$10.60
<input checked="" type="checkbox"/>	3	QUE	BEN	9606070600	T1003	0337730919	UNMATCHED	T1003	A0222	11/13/19, 6:30 PM	-	AETN	-	-

Items per page: 20 1 - 3 of 3 |< > >|

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6. Click **Restore**.
7. Click the **Work List** tab.

You will see the visits you returned from the Archive. If the information for matching is available – for example, if missing Prior Authorization information is now available in the system– and all information is correct, the status will be updated to “Matched” and you can [release the visits](#).

Note: Remember that you should view and update Billable Units for “Matched” visits before releasing them. See [Remediating Visits for Submission to Payer](#).

If visits are still “Unmatched” you will need to [remediate](#) them before releasing.

Related topics:

- [Searching for a Visit](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Creating a New Visit](#)

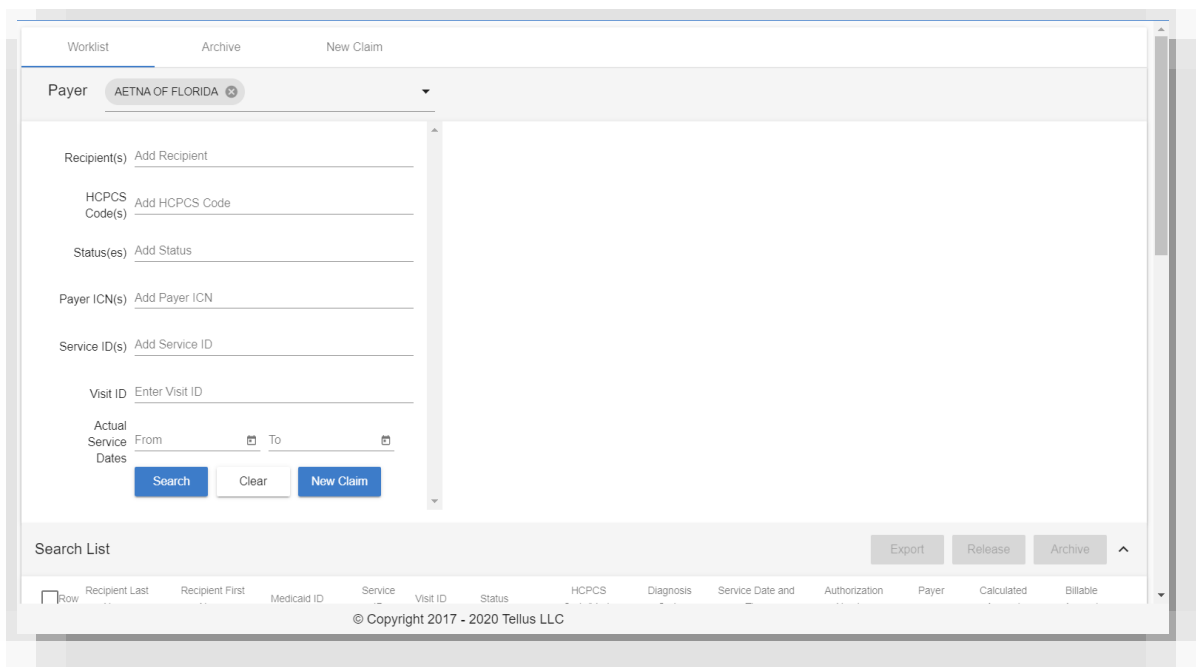
Creating a New Visit

You are here: [Tellus EVV Claims](#) > [Using the Work List](#) > Creating a New Visit

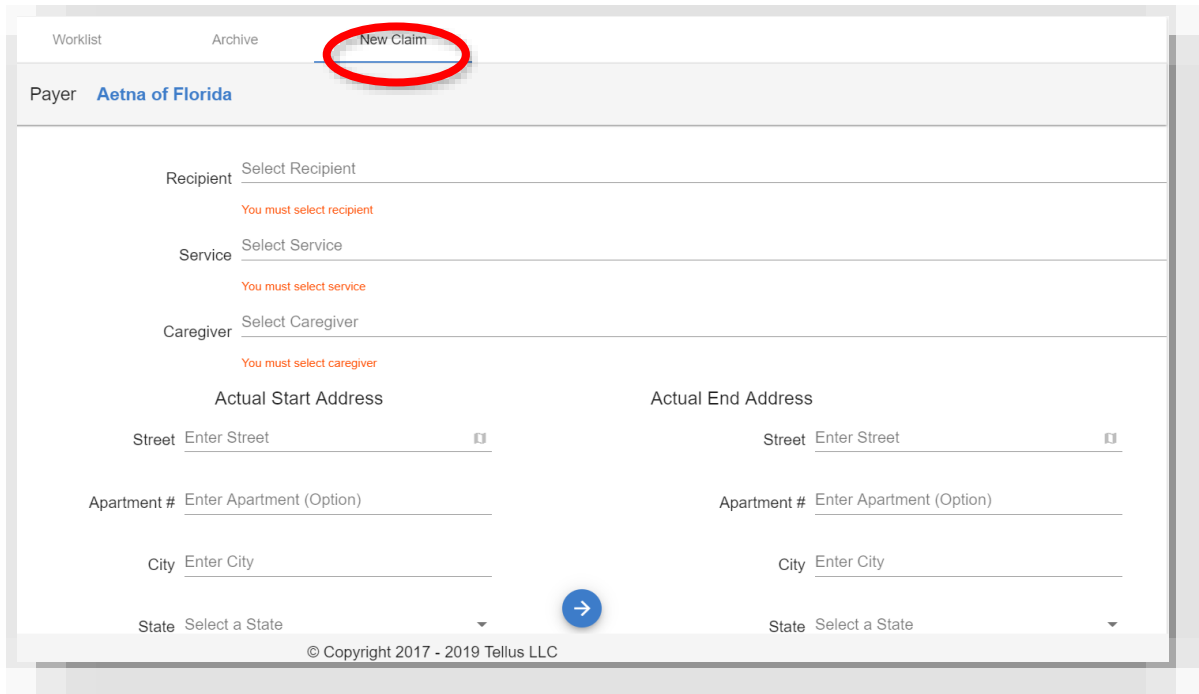
If a claim is denied and is eligible to be resubmitted, you will need to create a new visit through the Work List:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Work List** to see the Work List page.
3. Click **Payer** and make a selection from the drop-down list; this selection is required.

*Note: Making a **Payer** selection enables the Archive and New Claim tabs.*



4. Click the **New Claim** tab at the top of the page.



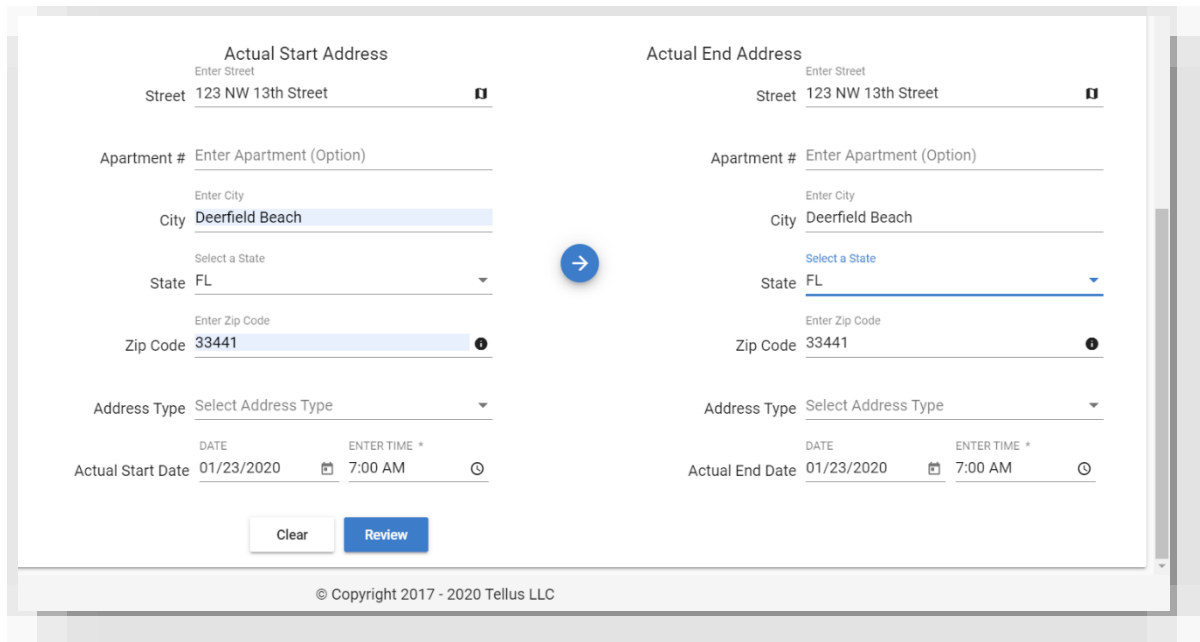
5. **Recipient**, **Service**, and **Caregiver** are required fields.

Click each field to see a list of acceptable entries and make a selection.

6. Complete the **Actual Start Address** fields.

If the **Actual Start Address** and **Actual End Address** are the same, click the blue arrow to copy the **Actual Start Address**.

Note: Address Type is optional.



7. Click the calendar icon to the right of the **Actual Start Date** field to select the date service begins.
8. Click the clock icon to the right of the **Actual Start Time** field to select the date service begins.
9. Click **Review**.

The **Review New Claim** page opens.

Review New Claim

Status	NEW	Payer	AETN	Provider NPI Number	1275804130
Recipient Name	JOHN DOE	Payer ICN	Payer ICN	NPI Zip Code	334410000
Recipient Date Of Birth	03/25/1997	Jurisdiction	Jurisdiction	NPI Taxonomy	0123456799
Recipient Member ID	0967857213556	Plan	Plan	Actual Start Address	123 NW 13TH STREET
HCPCS Code/Mods	A0021	Program	Program	Actual Start Date	01/23/2020
Calculated Units	Enter Calculated Units	Start Verification Method	NONE	Actual End Address	123 NW 13TH STREET
Medicaid Treating Provider ID	Medicaid Treating Provider ID	End Verification Method	NONE	Actual End Date	01/23/2020

Cancel
Submit

10. If you need to make changes, click **Cancel** to return to the New Claim page; otherwise, click **Submit**.

The visit will appear on the Work List page. If all information is correct, the status will first be “New;” then, after the Tellus pre-adjudication process runs, the visit status will change to “Matched” or “Unmatched.” If “Matched” you can [release the visit for submission to the Payer](#).

Note: Remember that you should view and update Billable Units for “Matched” visits before releasing them. See [Remediating Visits for Submission to Payer](#).

If the visit is missing information or if information is incorrect, the status will be first be “New” and then “Unmatched” and the visit will need to be [remediated](#) before it is released.

Related topics:

- [Searching for a Visit](#)
- [Reviewing Completed Visits](#)
- [Releasing Matched Visits for Submission to Payer](#)
- [Remediating Visits for Submission to Payer](#)
- [Archiving Visits](#)
- [Searching for Archived 1](#)

Reviewing Claims

You are here: [Tellus EVV Claims](#) > Reviewing Claims

Click a topic below:

[Searching for Claims](#)

[Reviewing Submitted Claims](#)

[Adjusting Unpaid/Partially Paid Claims](#)

[Voiding a Paid Claim](#)

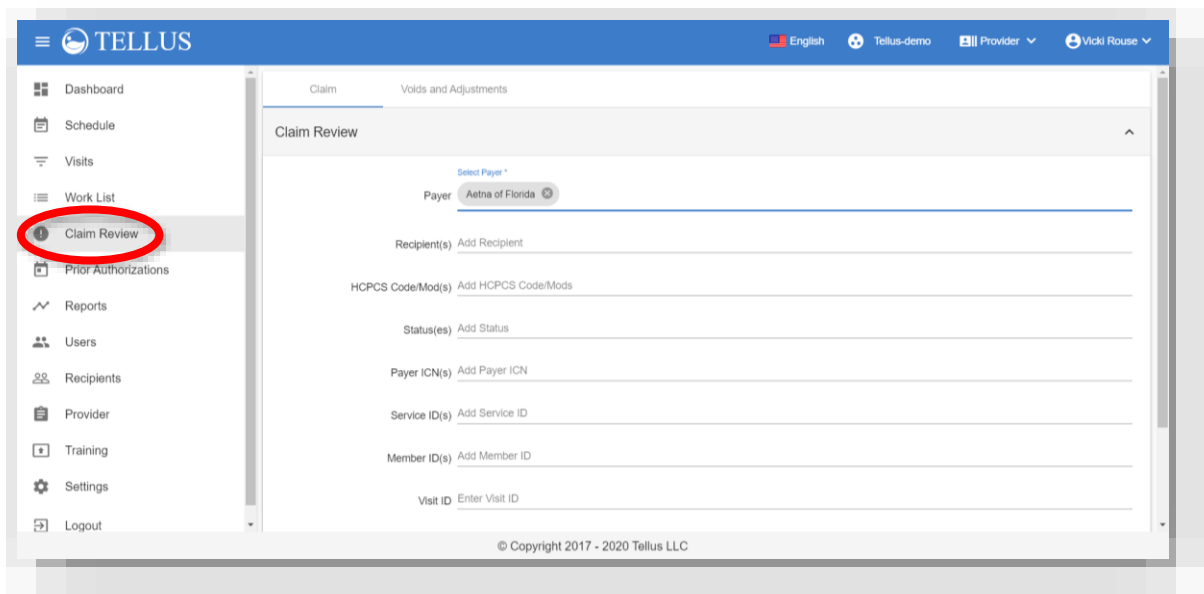
[Resubmitting a Claim: Creating a Manual Visit for a Denied Claim](#)

Searching for Claims

You are here: [Tellus EVV Claims](#) > [Reviewing Claims](#) > Searching for Claims

When a visit is “Matched” and released for payment, it will appear in Claim Review. To find a claim:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Claim Review** option to see the Claim Review page.



3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. Enter any combination of search criteria you want. Click in each of the following fields and select from the list that displays:
 - Recipient(s)
 - HCPCS Code/Mod(s)
 - Status(es)
 - Payer ICN (s)
 - Service ID(s)
 - Member ID(s)
 - Prior Authorization Number(s)
5. If you want to search for claims by date of service, click the calendar icon in the **Service Date** or **End Date** fields.

6. Click **Search**.

A list of claims will display below the search fields. Click ^ to collapse the search fields to see the list; click v to expand the search fields

Review Claims

Search List

Export

<input type="checkbox"/> Row	Recipient Last Name	Recipient First Name	Member ID	Service ID	Status ↓	HCPCS Code/Mods	Diagnosis Code	Service Date	Authorization Number	Payer	Calculated Amount	Billable Amount
<input type="checkbox"/> 1	DOE	WARREN	7090956951S9122		SUBMITTEDS9122		A0222	8/13/19	AC1514287366	AETN	15.01	
<input type="checkbox"/> 2	YORK	BROOKLYN	5605607513S5130		SUBMITTEDS5130		A000	8/12/19	AC292548863	AETN	7.80	
<input type="checkbox"/> 3	JONES	BRYANT	1896065059S5130		SUBMITTEDS5130		A000	1/2/20	AC1530993171	AETN	21.00	
<input type="checkbox"/> 4	YORK	BROOKLYN	5605607513S9122		SUBMITTEDS9122		A000	8/13/19	AC292548863	AETN	15.00	
<input type="checkbox"/> 5	ALLGEIER	GEORGE	5076596779S5130		SUBMITTEDS5130		A000	5/7/19	AC941071488	AETN	5.00	
<input type="checkbox"/> 6	DOE	WARREN	7090956951S9122		SUBMITTEDS9122		A0222	7/1/19	AC1514287366	AETN	15.01	27.17
<input type="checkbox"/> 7	ALLGEIER	GEORGE	5076596779S9122		SUBMITTEDS9122		A009	1/9/20	AC941071488	AETN	15.00	30.00
<input type="checkbox"/> 8	ALLGEIER	GEORGE	5076596779S5130		SUBMITTEDS5130		A001	11/29/19	AC941071488	AETN	15.60	
<input type="checkbox"/> 9	JONES	BRYANT	1896065059S5130		SUBMITTEDS5130		A000	12/13/19	AC1530993171	AETN	21.00	

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Related Topics

- [Reviewing Submitted Claims](#)
- [Adjusting Unpaid/Partially Paid Claims](#)
- [Voiding a Paid Claim](#)
- [Resubmitting a Claim: Creating a Manual Visit for a Denied Claim](#)

Reviewing Submitted Claims

You are here: [Tellus EVV Claims](#) > [Reviewing Claims](#) > Reviewing Submitted Claims

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Payer** and make a selection from the drop-down list; this selection is required.
3. From here you can:
 - [Search for claims](#)
 - [Adjust unpaid/partially paid claims](#)
 - [Resubmit a claim by creating a manual visit for a denied claim](#)

Adjusting Unpaid/Partially Paid Claims

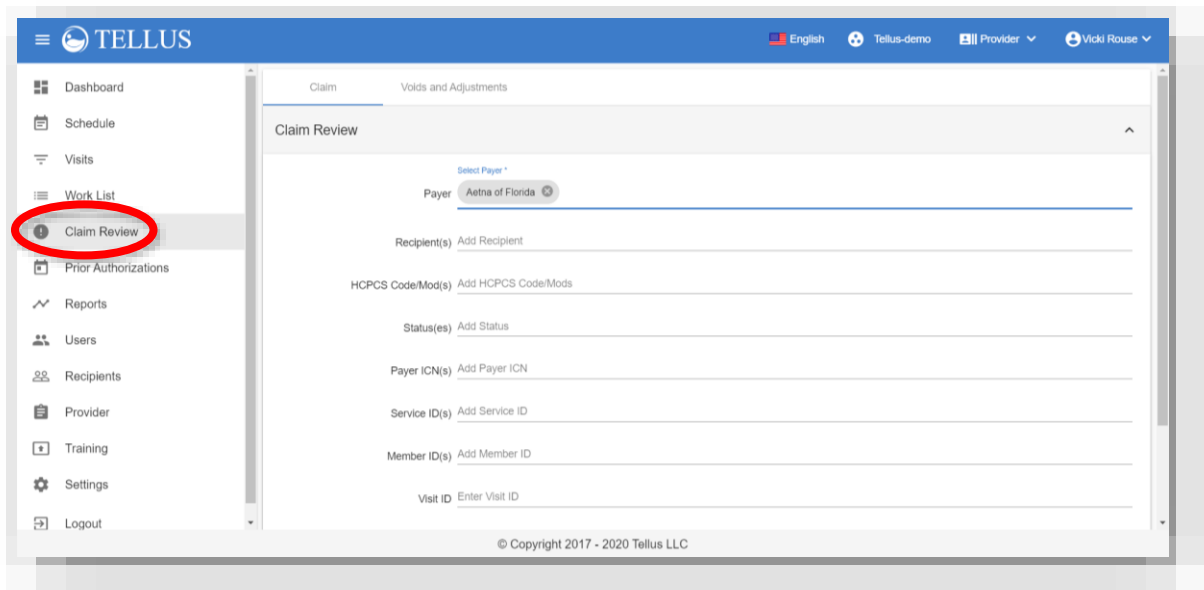
You are here: [Tellus EVV Claims](#) > [Reviewing Claims](#) > Adjusting Unpaid/Partially Paid Claims

Note: When you update a Paid or Partially Paid claim, it keeps its original ICN number.

*Note: In the Tellus system, Medicaid, as well as some other Payers, assign the same ICN to all claims in a batch when the batch is submitted. You may have several claims with the same ICN; if any claim in a batch needs to be adjusted resubmitted, **all claims** with the same ICN must be resubmitted, including those that do not need adjusting.*

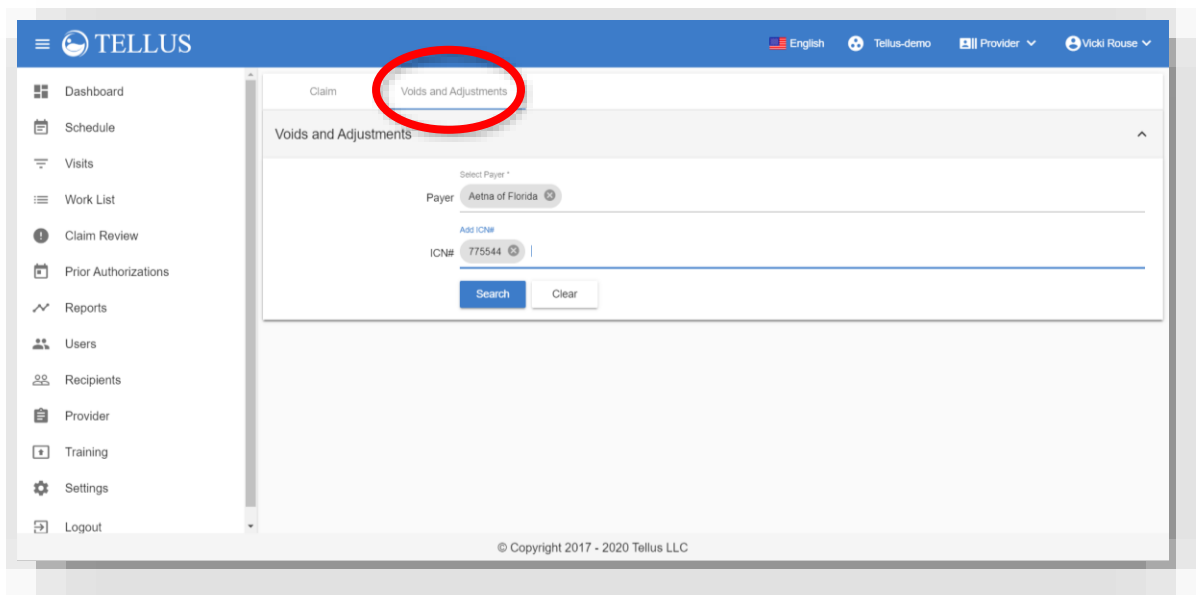
To adjust a “Paid” or “Partially Paid” claim:

1. Click **Claim Review** option to see the Claim Review page.



The screenshot shows the Tellus web application interface. On the left is a navigation menu with options: Dashboard, Schedule, Visits, Work List, Claim Review (highlighted with a red circle), Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Claim Review' and includes a 'Select Payer' dropdown menu currently set to 'Aetna of Florida'. Below this are several input fields for claim details: Recipient(s), HCPCS Code/Mod(s), Status(es), Payer ICN(s), Service ID(s), Member ID(s), and Visit ID. The footer of the page indicates '© Copyright 2017 - 2020 Tellus LLC'.

2. Click the **Voids & Adjustments** tab.



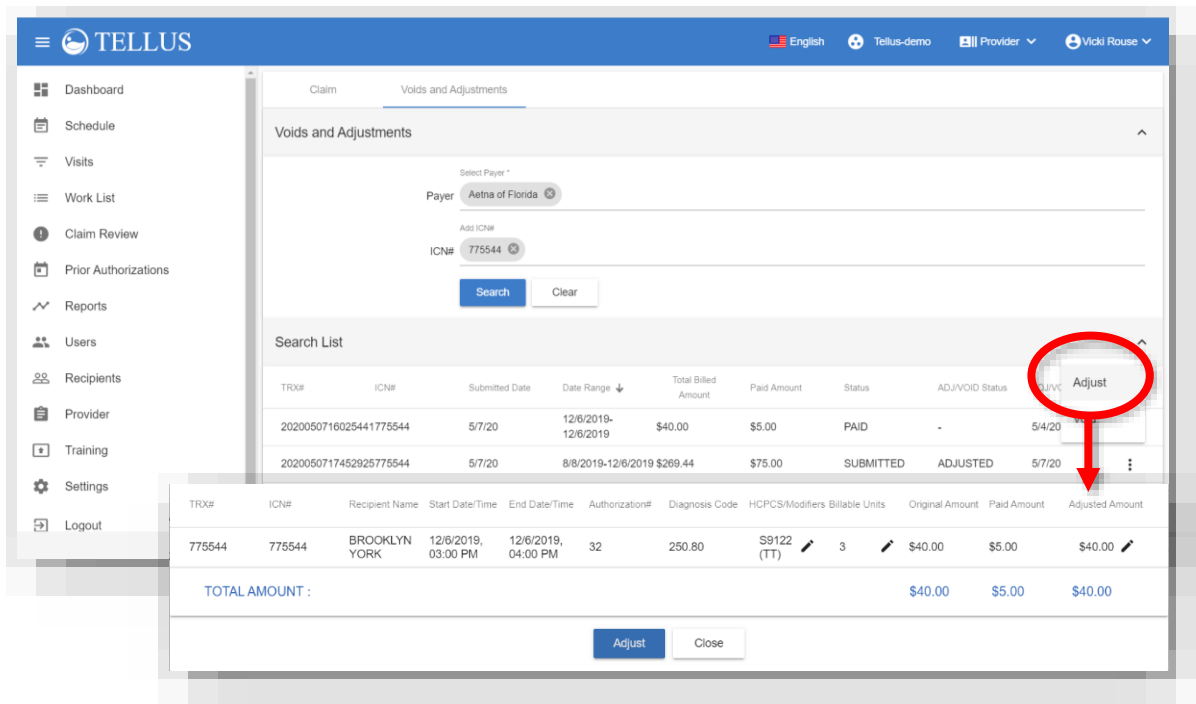
3. Use the **Payer** dropdown list to select a Payer.
4. Enter the ICN# in the **ICN#** field.

Note: You can find the ICN# in Claim Review and copy and paste it in the ICN# field

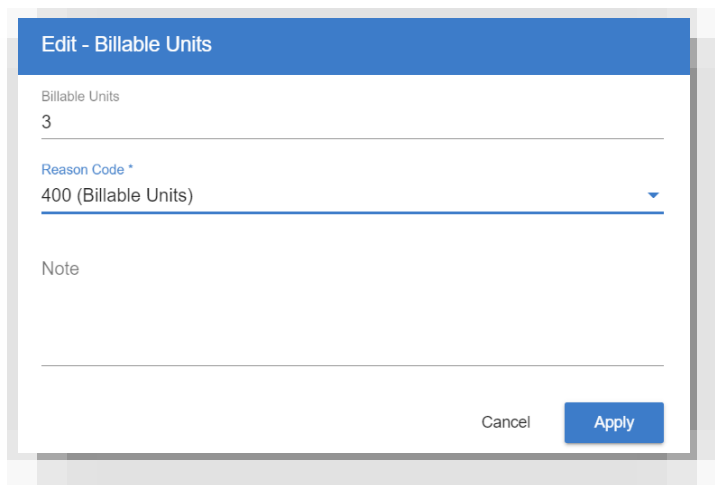
5. Click **Search**.

Note: Remember, if one claim is updated and resubmitted, all claims with the same ICN must be resubmitted, regardless of whether they are updated.

6. When your results display, click the submenu (vertical ellipsis) to the right of the claim and select **Adjust** to open the Voids & Adjustments window.



7. Any field with the “pencil” icon next to it can be edited. To do so:
 - Click the “pencil” icon to open a dialog box where you can make the correct entry.



- For each correction, you will be required to enter a **Reason Code** that you can select from a dropdown list.
- You can also add text in the **Note** field to help clarify the reason for the change.
- Click **Apply** to save your changes.

- If a warning or confirmation dialog box opens, be sure to click **Yes** to continue or **No** to return to the claim detail.
- 8. Click **Adjust**.
- 9. When the confirmation dialog box opens, click **Yes** to complete the adjustment or **No** to return to the claim detail.

Related Topics

- [Searching for Claims](#)
- [Reviewing Submitted Claims](#)
- [Voiding a Paid Claim](#)
- [Resubmitting a Claim: Creating a Manual Visit For a Denied Claim](#)

Voiding a Paid Claim

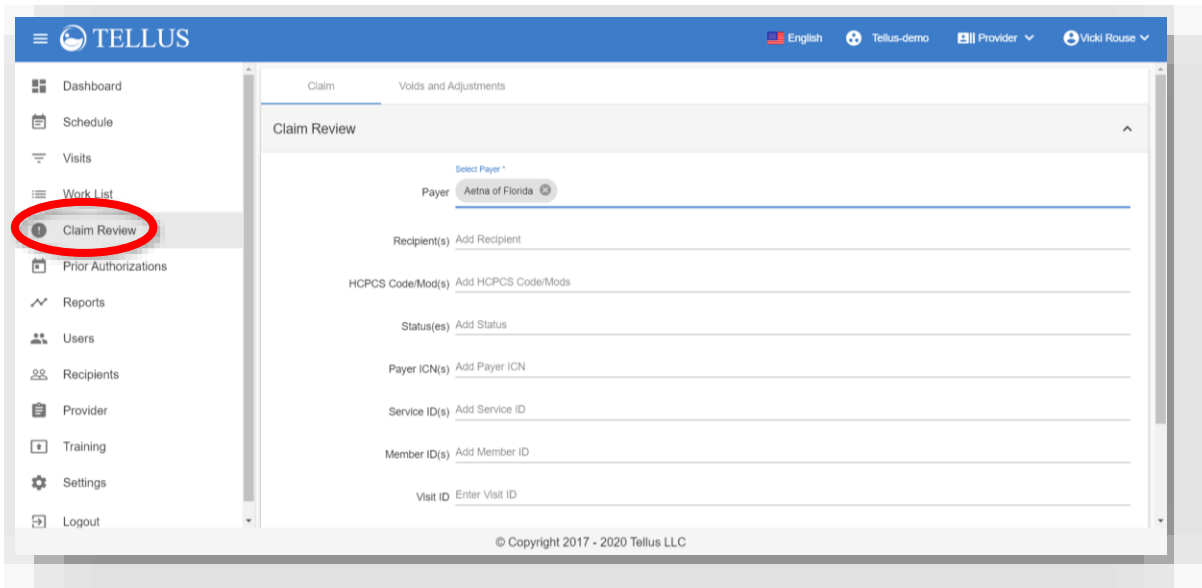
You are here: [Tellus EVV Claims](#) > [Reviewing Claims](#) > Voiding a Claim

You can void a claim and then [create a new visit](#) to resubmit it.

Note: It is best to void the claim, wait for the take-back from the Payer, and then create a new claim.

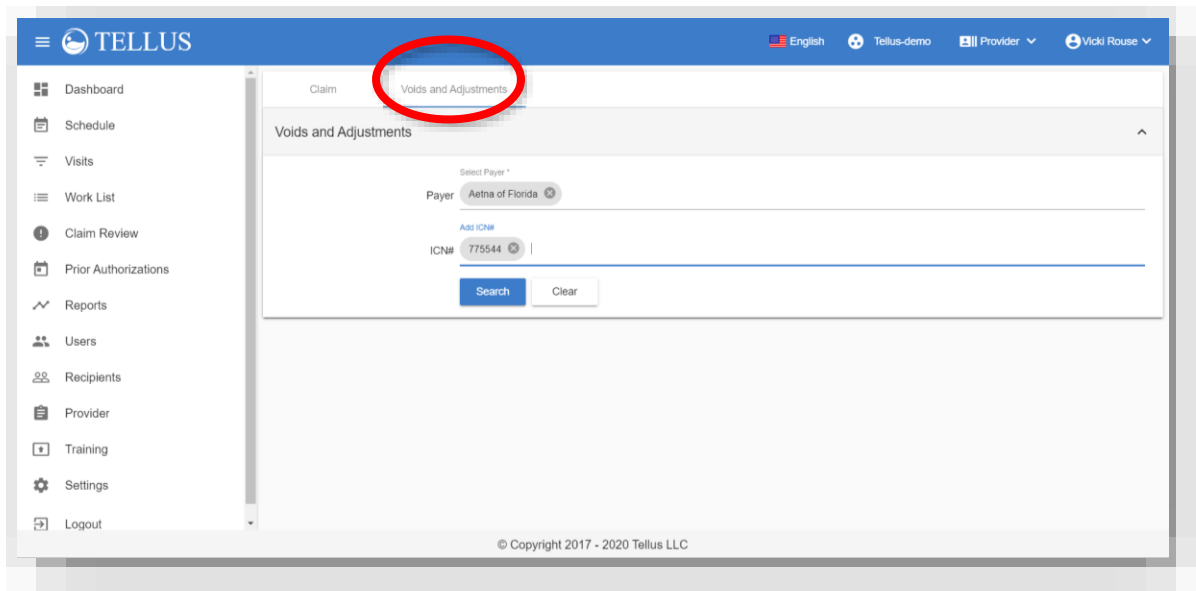
To void a paid claim:

1. Click **Claim Review** option to see the Claim Review page.



The screenshot displays the Tellus web application interface. On the left, a sidebar menu contains various options: Dashboard, Schedule, Visits, Work List, **Claim Review** (highlighted with a red circle), Prior Authorizations, Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Claim Review' and features a form for reviewing a claim. The form includes a 'Select Payer' dropdown menu with 'Aetna of Florida' selected. Below this are several input fields: 'Recipient(s)' with an 'Add Recipient' button, 'HCPCS Code/Mod(s)' with an 'Add HCPCS Code/Mod(s)' button, 'Status(es)' with an 'Add Status' button, 'Payer ICN(s)' with an 'Add Payer ICN' button, 'Service ID(s)' with an 'Add Service ID' button, 'Member ID(s)' with an 'Add Member ID' button, and 'Visit ID' with an 'Enter Visit ID' button. The footer of the page indicates '© Copyright 2017 - 2020 Tellus LLC'.

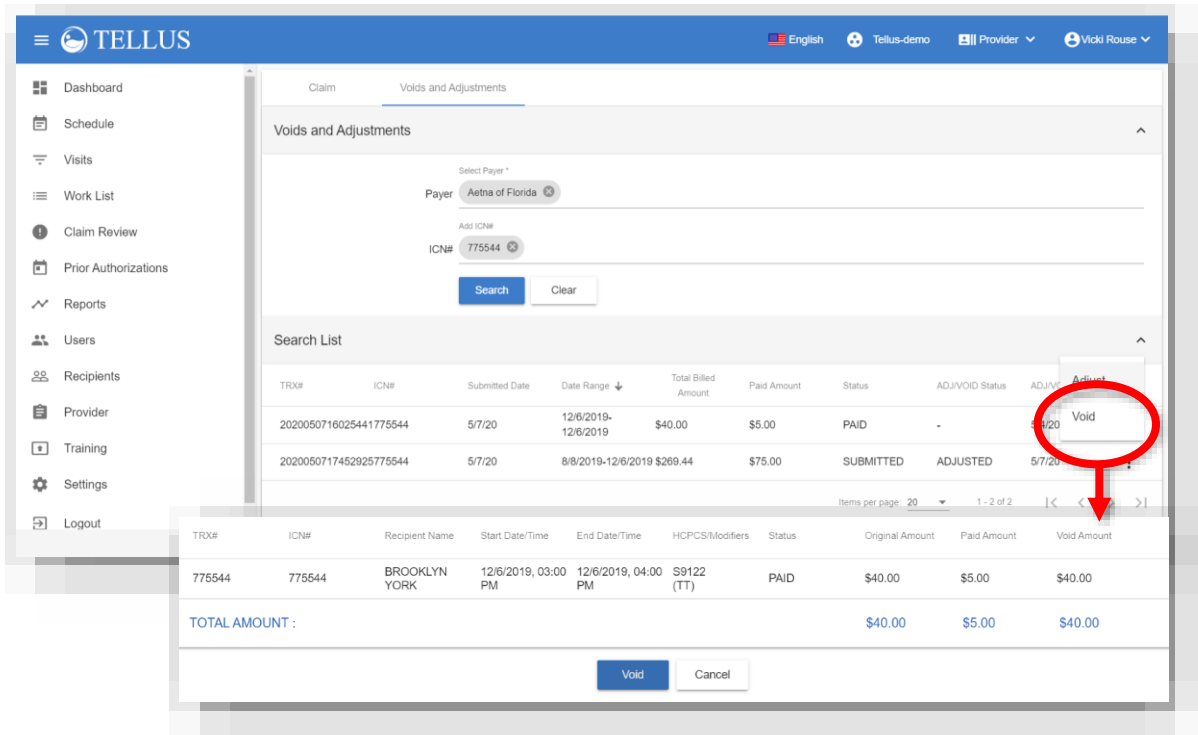
2. Click the **Voids & Adjustments** tab.



3. Use the **Payer** dropdown list to select a Payer.
4. Enter the ICN# in the **ICN#** field.

Note: You can find the ICN# in Claim Review and copy and paste it in the ICN# field

5. Click **Search**.
6. When your results display, click the submenu (vertical ellipsis) to the right of the claim and select **Void** to open the Voids & Adjustments window.



TELLUS

English Tellus-demo Provider Vicki Rouse

Dashboard Schedule Visits Work List Claim Review Prior Authorizations Reports Users Recipients Provider Training Settings Logout

Claim Voids and Adjustments

Voids and Adjustments

Select Payer *

Payer Aetna of Florida

Add ICN#

ICN# 775544

Search Clear

Search List

TRX#	ICN#	Submitted Date	Date Range	Total Billed Amount	Paid Amount	Status	ADJ/VOID Status	ADJ/VOID Date	Adjust
2020050716025441775544		5/7/20	12/6/2019-12/6/2019	\$40.00	\$5.00	PAID	-	5/7/20	Void
2020050717452925775544		5/7/20	8/8/2019-12/6/2019	\$269.44	\$75.00	SUBMITTED	ADJUSTED	5/7/20	

Items per page: 20 1 - 2 of 2

TRX#	ICN#	Recipient Name	Start Date/Time	End Date/Time	HCPCS/Modifiers	Status	Original Amount	Paid Amount	Void Amount
775544	775544	BROOKLYN YORK	12/6/2019, 03:00 PM	12/6/2019, 04:00 PM	S9122 (TT)	PAID	\$40.00	\$5.00	\$40.00
TOTAL AMOUNT :							\$40.00	\$5.00	\$40.00

Void Cancel

7. Click **Void**.
8. When the confirmation dialog box opens, click **Yes** to complete the void or **No** to return to the claim detail.

Related Topics

- [Searching for Claims](#)
- [Reviewing Submitted Claims](#)
- [Adjusting Unpaid/Partially Paid Claims](#)
- [Resubmitting a Claim: Creating a Manual Visit For a Denied Claim](#)

Resubmitting a Claim: Creating a Manual Visit for a Denied Claim

You are here: [Tellus EVV Claims](#) > [Reviewing Claims](#) > Resubmitting a Claim: Creating a Manual Visit for a Denied Claim

Claims may be denied for many reasons. You can resubmit a denied claim using the Work List. See [Creating a New Visit](#) for instructions.

Note: Depending on your Payer and your program, you can create new claims and resubmit them only for claims that have an incorrect diagnosis, incorrect provider ID, or incorrect member ID. You cannot create a new claim to submit for claims that have been denied for untimely filing, if there is no Prior Authorization associated with it, the member is not eligible, or if primary insurance information is missing.

Related Topics

- [Searching for Claims](#)
- [Reviewing Submitted Claims](#)
- [Adjusting Unpaid/Partially Paid Claims](#)
- [Voiding a Paid Claim](#)

Working with Prior Authorizations

You are here: [Tellus EVV Claims](#) > Working with Prior Authorizations

Click a topic below:

[Searching for a Prior Authorization](#)

[Adding a Prior Authorization](#)

[Updating a Prior Authorization](#)

[Deleting a Prior Authorization](#)

Searching for a Prior Authorization

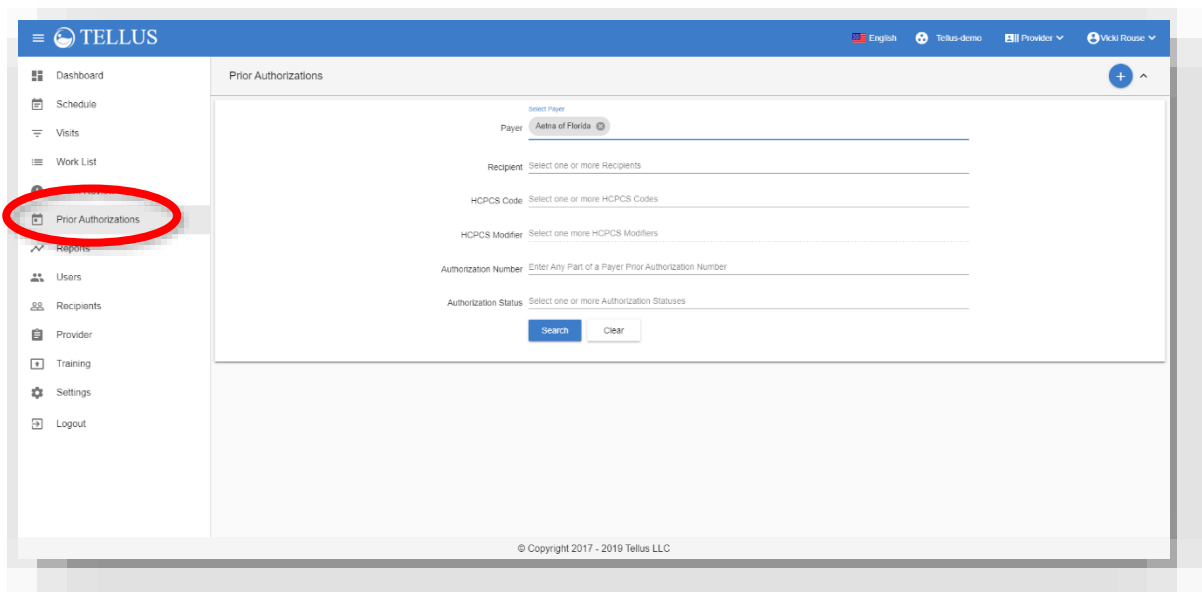
You are here: [Tellus EVV Claims](#) > [Working with Prior Authorizations](#) > Searching for a Prior Authorization

Prior Authorizations are loaded to Tellus EVV through a batch file that is imported to the system at regular intervals, determined by your agency. Prior Authorizations should be assigned to visits when they are scheduled; however, on rare occasions they may not be. For example, a Rendering Provider may need to create a visit on their mobile app on a weekend, when no one is available to schedule the visit. When that happens, the Prior Authorization will be assigned to the visit as soon as it is available in Tellus EVV; completed visits with no Prior Authorizations will have the status “Unmatched.”

Depending on your Payer and your program, there are providers who will schedule their own visits that are not affiliated with an agency.

To find and view a Prior Authorization:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Prior Authorization** to see the Prior Authorization page.



The screenshot shows the Tellus EVV web application interface. On the left, a sidebar menu is visible with the 'Prior Authorizations' option highlighted by a red circle. The main content area is titled 'Prior Authorizations' and contains a search form. The form includes the following fields:

- Payer:** A dropdown menu with 'Aetna of Florida' selected.
- Recipient:** A text input field with the placeholder 'Select one or more Recipients'.
- HCPCS Code:** A text input field with the placeholder 'Select one or more HCPCS Codes'.
- HCPCS Modifier:** A text input field with the placeholder 'Select one or more HCPCS Modifiers'.
- Authorization Number:** A text input field with the placeholder 'Enter Any Part of a Payer Prior Authorization Number'.
- Authorization Status:** A text input field with the placeholder 'Select one or more Authorization Statuses'.

At the bottom of the search form are two buttons: 'Search' and 'Clear'. The footer of the page indicates '© Copyright 2017 - 2019 Tellus LLC'.

3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. Enter any combination of search criteria you want. Click in each of the following fields and select from the list that displays:
 - Recipient

- HCPCS Code
- HCPCS Modifier
- Authorization Number
- Authorization Status

5. Click **Search**.

A list of Prior Authorizations will display below the search fields. Click ^ to collapse the search fields to see the list; click v to expand the search fields.

Prior Authorizations

Search List Prior Authorizations

Print

Export

^

<input type="checkbox"/>	Row	Recipient La...	Recipient Fr...	Member ID	HCPCS Codes	From Date ↑	To Date	Authorizatio...	Authorizatio...	Payer	Care Type	Total Units A...	Total Units A...	Check to prevent...	
<input type="checkbox"/>	1	ALLOEIER	GEORGE	5076596779	S5130	6/1/18	5/31/25	AC941071488	Partially Used	AETN	OTHR	834	654.9200000000	<input type="checkbox"/>	⋮
<input type="checkbox"/>	2	ALLOEIER	GEORGE	5076596779	S9122 (TT)	6/1/18	5/31/25	AC941071488	Partially Used	AETN	-	834	794.48	<input type="checkbox"/>	⋮
<input type="checkbox"/>	3	YORK	BROOKLYN	5605607511	S5130	6/1/18	5/31/25	AC292548863	Partially Used	AETN	-	1460	1398.57	<input type="checkbox"/>	⋮
<input type="checkbox"/>	4	YORK	BROOKLYN	5605607511	S9122 (TT)	6/1/18	5/31/25	AC292548863	Partially Used	AETN	-	1460	1422.76	<input type="checkbox"/>	⋮
<input type="checkbox"/>	5	BRADLEY	MILTON	5966509796	S5130	6/4/18	5/31/25	AC265273356	Partially Used	AETN	-	1241	1111.56	<input type="checkbox"/>	⋮
<input type="checkbox"/>	6	JONES	BRYANT	1896065059	S5130	7/1/18	6/30/25	AC1530993171	Partially Used	AETN	-	1043	1036	<input type="checkbox"/>	⋮
<input type="checkbox"/>	7	QUE	BEN	9606070600	S5130	7/1/18	6/30/19	AC2074811603	New	AETN	-	1043	1043	<input type="checkbox"/>	⋮
<input type="checkbox"/>	8	JONES	BRYANT	1896065059	S9122 (TT)	7/1/18	6/30/25	AC1530993171	Partially Used	AETN	-	1043	1029	<input type="checkbox"/>	⋮
<input type="checkbox"/>	9	SMITH	JEROLD	6659125677	S9122 (TT)	8/1/18	7/31/19	AC793570631	Partially Used	AETN	-	2086	2070	<input type="checkbox"/>	⋮
<input type="checkbox"/>	10	SMITH	JEROLD	6659125677	S5130	8/1/18	7/31/19	AC793570631	Partially Used	AETN	-	2086	2083	<input type="checkbox"/>	⋮
<input type="checkbox"/>	11	WRAP	SARA	6009779650	S5130	8/21/18	7/31/19	AC436436591	Partially Used	AETN	-	1183	1181	<input type="checkbox"/>	⋮
<input type="checkbox"/>	12	WRAP	SARA	6009779650	S9122 (TT)	8/21/18	7/31/19	AC436436591	Partially Used	AETN	-	1183	1175	<input type="checkbox"/>	⋮

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6. Click a Prior Authorization to see its detail.

Prior Authorization


[Edit](#)
[Print](#)
[Delete](#)

Insurance / Payer	Care Type	Contract Number					
AETN	OTHR	-					
Service Group/Code	Jurisdiction	TPI					
-	FL	-					
HCPCS Code	Modifier 1-4						
S5130 (HOMAKER SERVICE NOS PER 15M)	-						
Recipient Name/Last Name	Recipient ID	Recipient Date Of Birth					
GEORGE ALLGEIER	5076596779	11/14/1942					
Authorization Number	Authorization Status	Check to prevent updates from payer					
AC941071488	PARTIALLY USED	<input type="checkbox"/>					
Effective Date	Expiration Date	Unit Type					
6/1/2018	5/31/2025	Q					
Total Units Authorized	Total Units Authorized Remaining	Percent of Units Authorized Remaining					
834	654 9200000000001	79%					
Limit Type	Sun	Mon	Tue	Wed	Thu	Fri	Sat
D	10	1	1	1	1	1	1
Batch ID	Date Created	Last Updated					
AETN01_AUTH_20190506001.TXT	5/6/2019	11/1/2019					
Source System	Created By	Modified By					
AETN	-	UFBAUTISTA					

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7. Using the buttons in the upper right corner of the detail screen you can:

- [Update the authorization.](#)
- Print the authorization. When you click **Print**, a warning will display reminding you of HIPAA regulations about protected health information; click **OK** to continue.

 **The HIPAA Privacy Rule**

The **HIPAA Privacy Rule** requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization.

This document may contain privileged and confidential information and/or protected health information (PHI).

If you are not the employee or agent responsible for this document, you are hereby notified that any review, dissemination, distribution, printing and copying of this document and its content is strictly prohibited.

[OK](#)
[Cancel](#)

- [Delete the authorization.](#)

Note: Payers and Tellus EVV business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled.

Related Topics

- [Adding a Prior Authorization](#)
- [Deleting a Prior Authorization](#)
- [Updating a Prior Authorization](#)

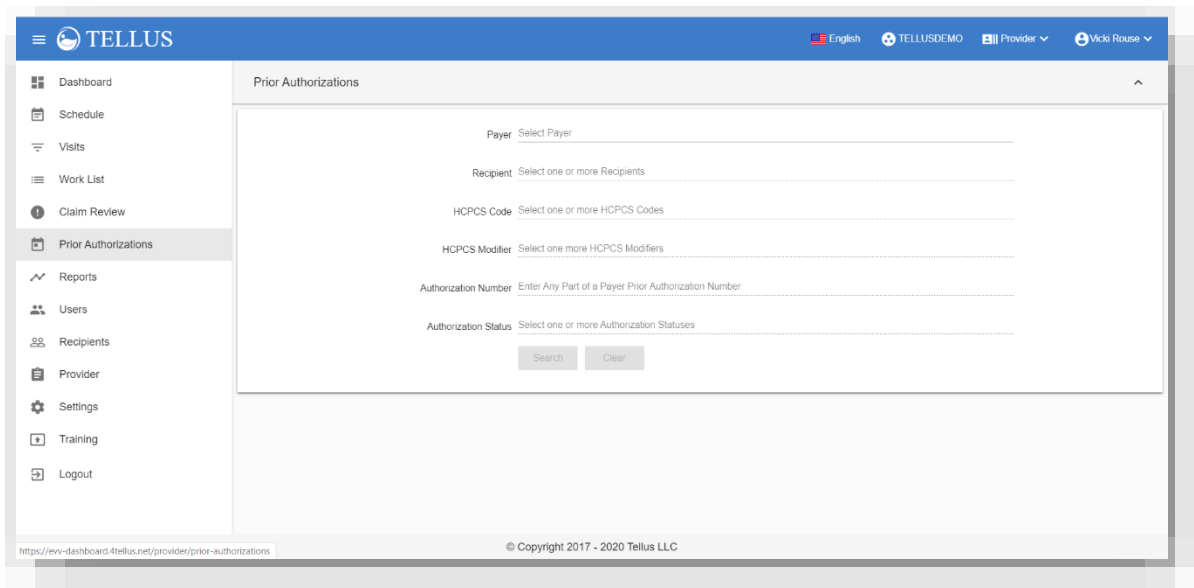
Adding a Prior Authorization

You are here: [Tellus EVV Claims](#) > [Working with Prior Authorizations](#) > Adding a Prior Authorization

Note: Payers and Tellus EVV business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow and so some buttons may be disabled.

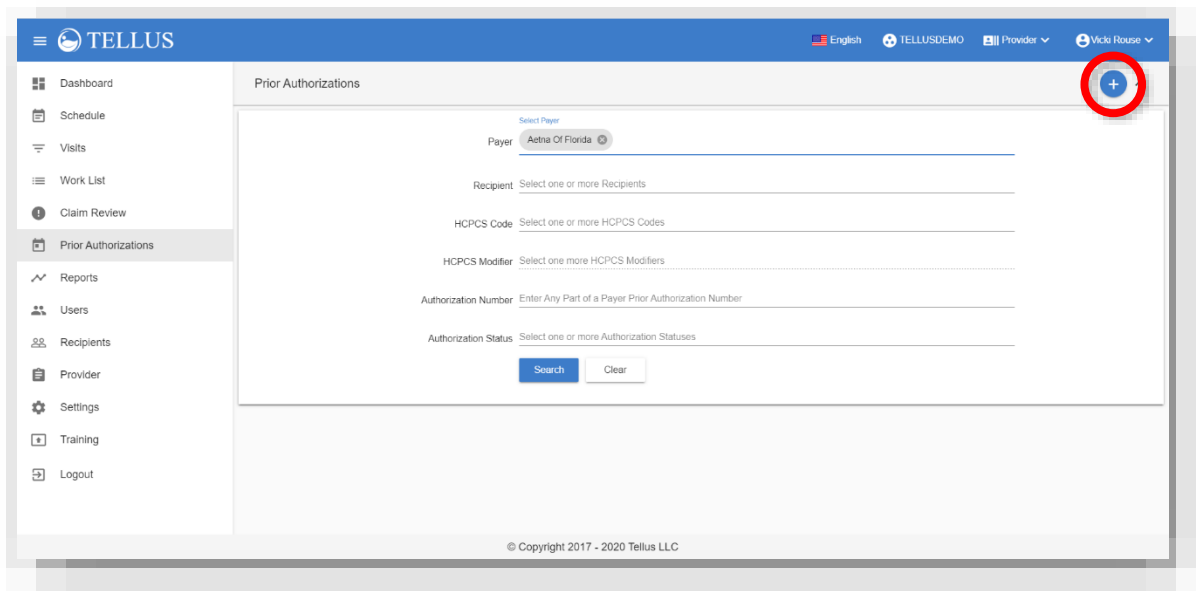
To add a Prior Authorization:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Prior Authorization** to see the Prior Authorization page.
3. Select a payer from the **Payer** dropdown list.



The screenshot displays the Tellus EVV dashboard interface. On the left is a sidebar menu with options: Dashboard, Schedule, Visits, Work List, Claim Review, Prior Authorizations (highlighted), Reports, Users, Recipients, Provider, Settings, Training, and Logout. The main content area is titled 'Prior Authorizations' and contains a form with the following fields: Payer (Select Payer), Recipient (Select one or more Recipients), HCPCS Code (Select one or more HCPCS Codes), HCPCS Modifier (Select one or more HCPCS Modifiers), Authorization Number (Enter Any Part of a Payer Prior Authorization Number), and Authorization Status (Select one or more Authorization Statuses). Below the form are 'Search' and 'Clear' buttons. The footer shows the URL 'https://evv-dashboard.tellus.net/provider/prior-authorizations' and the copyright notice '© Copyright 2017 - 2020 Tellus LLC'.

When you select a Payer, the add icon displays.



TELLUS

English TELLUSDEMO Provider Vicky Rouse

Dashboard Schedule Visits Work List Claim Review **Prior Authorizations** Reports Users Recipients Provider Settings Training Logout

Prior Authorizations

Select Payer

Payer: Aetna Of Florida

Recipient: Select one or more Recipients

HCPCS Code: Select one or more HCPCS Codes

HCPCS Modifier: Select one more HCPCS Modifiers

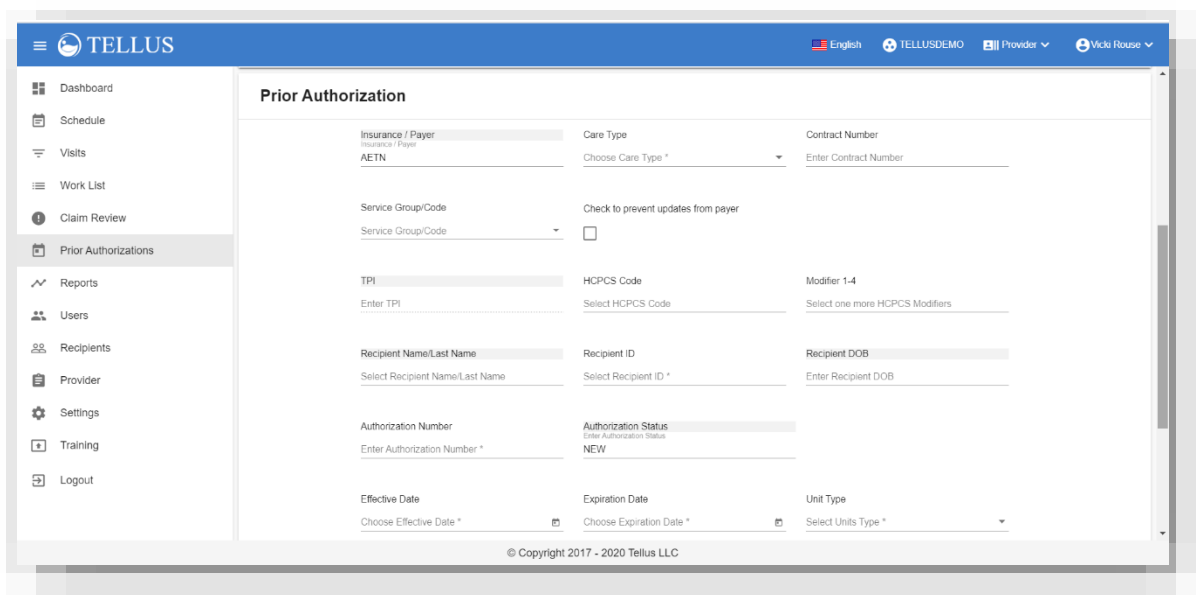
Authorization Number: Enter Any Part of a Payer Prior Authorization Number

Authorization Status: Select one or more Authorization Statuses

Search Clear

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4. Click the Add icon to reveal the Prior Authorization fields.



TELLUS

English TELLUSDEMO Provider Vicky Rouse

Dashboard Schedule Visits Work List Claim Review **Prior Authorizations** Reports Users Recipients Provider Settings Training Logout

Prior Authorization

Insurance / Payer: AETN

Care Type: Choose Care Type *

Contract Number: Enter Contract Number

Service Group/Code: Service Group/Code

Check to prevent updates from payer: ☐

TPI: Enter TPI

HCPCS Code: Select HCPCS Code

Modifier 1-4: Select one more HCPCS Modifiers

Recipient Name/Last Name: Select Recipient Name/Last Name

Recipient ID: Select Recipient ID *

Recipient DOB: Enter Recipient DOB

Authorization Number: Enter Authorization Number *

Authorization Status: NEW

Effective Date: Choose Effective Date *

Expiration Date: Choose Expiration Date *

Unit Type: Select Units Type *

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5. Make the following entries and selections.

- **Insurance/Payer:** This field auto populates with the Payer you selected.
- **Care Type:** Care type selections are populated based on the Payer you selected. Choose one from the dropdown list.

Note: For Anthem-Integrated, choose ANTHINT; for all other Payers choose OTHR.

- **Contract Number:** Enter the contract number for the Prior Authorization.
- **Service Group Code:** This field is not currently used; leave blank.
- **Check to prevent updates from payer:** Prior Authorization information is updated by the payer through electronic feeds to Tellus. If you do not want this Prior Authorization updated, check this box.
- **TPI:** This field is not currently used; leave blank.
- **HCPCS Code:** Use the dropdown list to select the code for the service that will be provided.
- **Modifier 1-4:** If the service code (HCPCS) requires a modifier, select it from the dropdown list.
- **Recipient Name/Last Name:** This field is auto-populated when you select a **Recipient ID**.
- **Recipient ID:** Use the dropdown list to select the Recipient ID.
- **Recipient DOB:** This field is auto-populated when you select a **Recipient ID**.
- **Authorization Number:** Enter the Prior Authorization identifier.
- **Authorization Status:** This field defaults to **New** and cannot be changed.
- **Effective Date:** Click the calendar icon and select the first date the Prior Authorization is valid.
- **Expiration Date:** Click the calendar icon and select the date the Prior Authorization expires.
- **Unit Type:** Use the dropdown list to select how billing units are charged (for example, Hour, Quarter Hour, or Visit); refer to the service code for billing increments.
- **Total Units Authorized:** Enter the total number of units authorized for the Recipient and Service.

- Total Units Authorized Remaining, Percent of Units Authorized Remaining: These fields will be updated as visits are completed.
- **Limit:** Use the dropdown list to select the intervals at which the service can be provided; choose **Daily, Monthly, None, Weekly, or Yearly**. The field to the right will change based on your selection; enter the number of units authorized.

6. When your entries are complete, click **Save**.

Related Topics

- [Searching for a Prior Authorization](#)
- [Deleting a Prior Authorization](#)

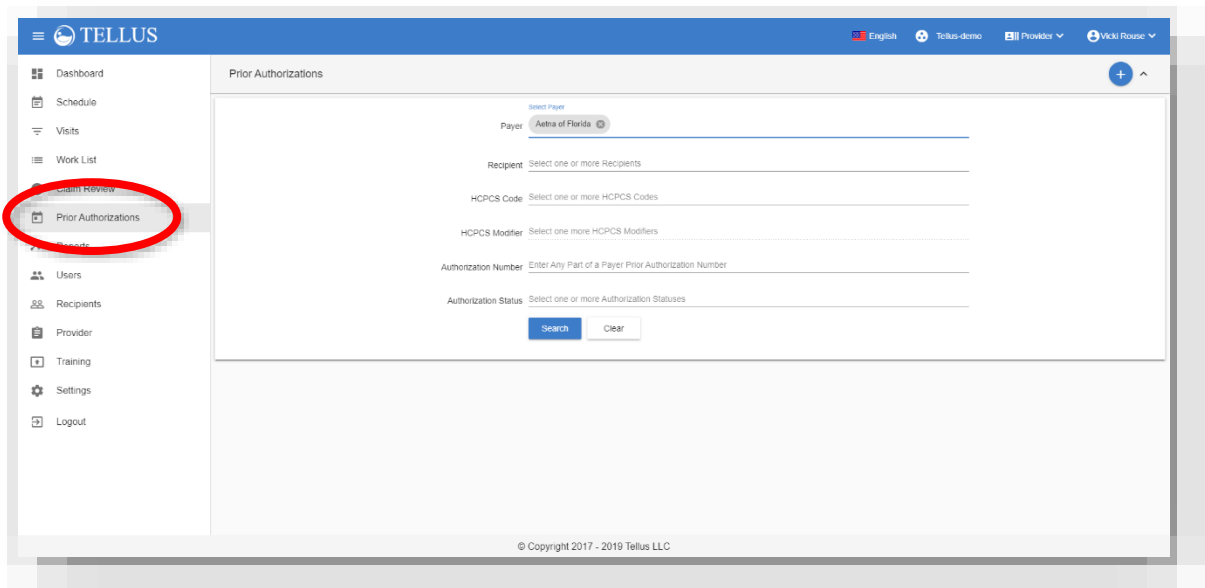
Updating a Prior Authorization

You are here: [Tellus EVV Claims](#) > [Working with Prior Authorizations](#) > Updating a Prior Authorization

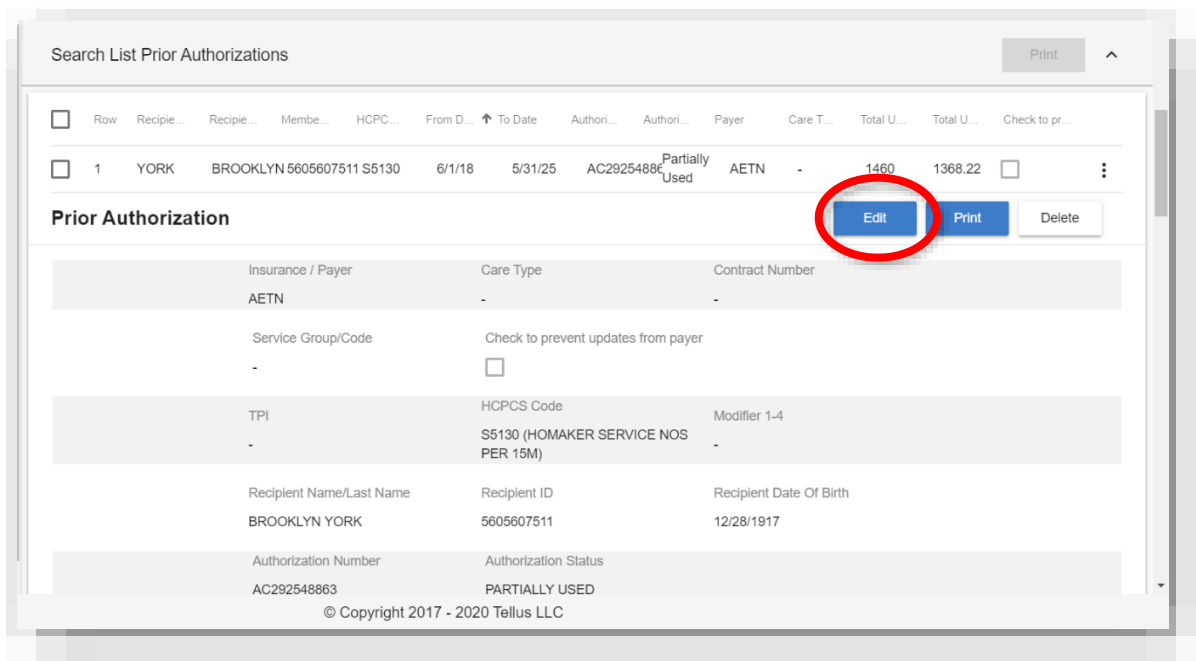
Note: Payers and Tellus EVV business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled.

To update a Prior Authorization:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Prior Authorization** to see the Prior Authorization page.



3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the Prior Authorization](#) you want to update.
5. When the list displays, click the line for the Prior Authorization you want to update to see its detail.



Search List Prior Authorizations

Print

Row	Recipie...	Recipie...	Membe...	HGPC...	From D...	To Date	Authori...	Authori...	Payer	Care T...	Total U...	Total U...	Check to pr...
1	YORK	BROOKLYN	5605607511	S5130	6/1/18	5/31/25	AC29254886	Partially Used	AETN	-	1460	1368.22	<input type="checkbox"/>

Prior Authorization

[Edit](#) [Print](#) [Delete](#)

Insurance / Payer	Care Type	Contract Number
AETN	-	-
Service Group/Code	Check to prevent updates from payer	
-	<input type="checkbox"/>	
TPI	HCPSC Code	Modifier 1-4
-	S5130 (HOMAKER SERVICE NOS PER 15M)	-
Recipient Name/Last Name	Recipient ID	Recipient Date Of Birth
BROOKLYN YORK	5605607511	12/28/1917
Authorization Number	Authorization Status	
AC292548863	PARTIALLY USED	

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6. Click **Edit**.
7. You can make entries and selections in the following fields. See [Adding a Prior Authorization](#) if you need information about what to enter:
 - Care Type
 - Check to prevent updates form Payer
 - TPI
 - HCPCS Code
 - Modifier 1-4
 - Authorization Number
 - Effective Date
 - Expiration Date
 - Unit Type
 - Total Units Authorized
 - **Total Units Authorized Remaining** (Percent of Units Authorized is calculated based on these two entries.)
 - Limit
 - Number of units authorized based on your **Limit** selection.
8. Click **Save**.

Related Topics

- [Searching for a Prior Authorization](#)
- [Deleting a Prior Authorization](#)
- [Adding a Prior Authorization](#)

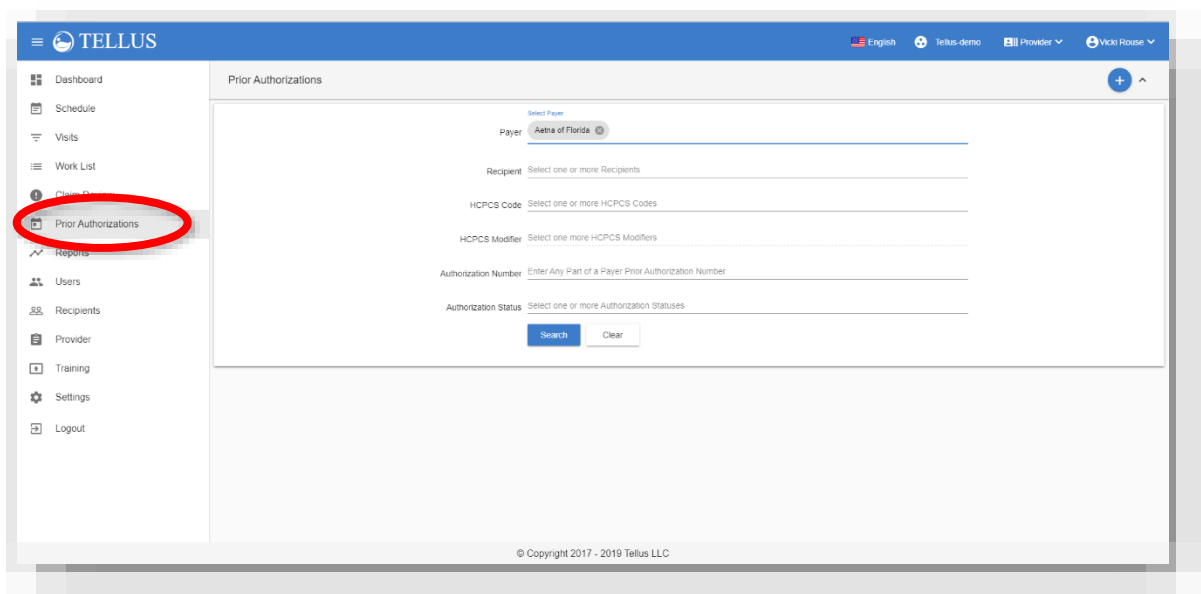
Deleting a Prior Authorization

You are here: [Tellus EVV Claims](#) > [Working with Prior Authorizations](#) > Deleting a Prior Authorization

Note: Payers and Tellus EVV business rules determine whether you can add, update, or delete Prior Authorizations. There are some functions a Payer or business rule may not allow, and so some buttons may be disabled.

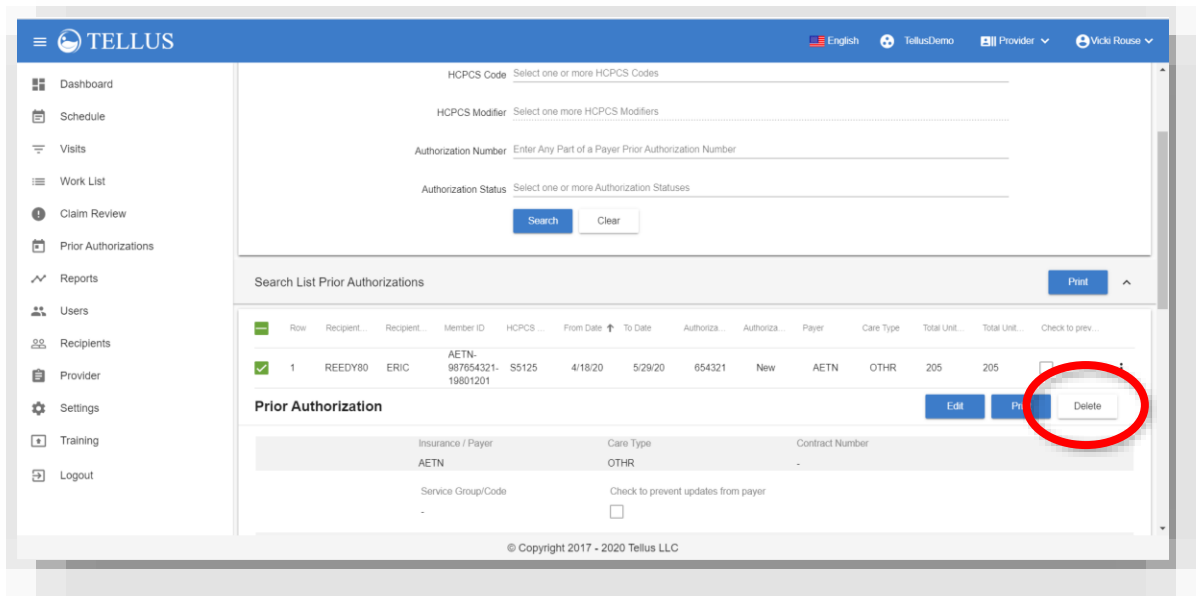
To delete a Prior Authorization:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Prior Authorization** to see the Prior Authorization page.



The screenshot displays the Tellus EVV Claims application interface. On the left, a sidebar menu lists various options: Dashboard, Schedule, Visits, Work List, Claims, Prior Authorizations (highlighted with a red circle), Reports, Users, Recipients, Provider, Training, Settings, and Logout. The main content area is titled 'Prior Authorizations' and contains a search form. The form includes a 'Payer' dropdown menu currently set to 'Aetna of Florida', a 'Recipient' field, an 'HCPCS Code' field, an 'HCPCS Modifier' field, an 'Authorization Number' field, and an 'Authorization Status' field. A 'Search' button and a 'Clear' button are located at the bottom of the form. The footer of the application indicates '© Copyright 2017 - 2019 Tellus LLC'.

3. Click **Payer** and make a selection from the drop-down list; this selection is required.
4. [Search for the Prior Authorization](#) you want to delete.
5. When the list displays, click the checkbox for the Prior Authorization you want to delete.
6. Click the line to see the Prior Authorization detail.



TELLUS

English TellusDemo Provider Vicki Rouse

Dashboard Schedule Visits Work List Claim Review Prior Authorizations Reports Users Recipients Provider Settings Training Logout

HCPCS Code Select one or more HCPCS Codes

HCPCS Modifier Select one or more HCPCS Modifiers

Authorization Number Enter Any Part of a Payer Prior Authorization Number

Authorization Status Select one or more Authorization Statuses

Search Clear

Search List Prior Authorizations Print

Row	Recipient...	Recipient...	Member ID	HCPCS ...	From Date	To Date	Authoriza...	Authoriza...	Payer	Care Type	Total Unit...	Total Unit...	Check to prev...
1	REEDY80	ERIC	AETN-987654321-19801201	S5125	4/18/20	5/29/20	654321	New	AETN	OTHR	205	205	<input type="checkbox"/>

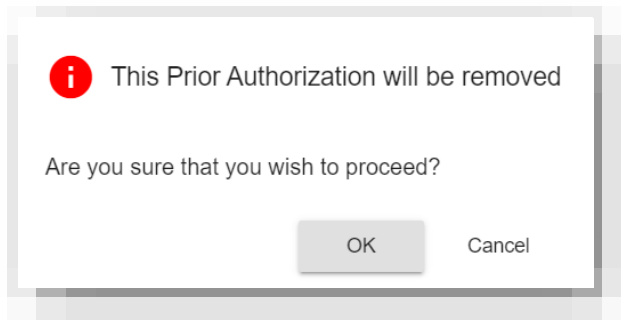
Prior Authorization Edit Print Delete

Insurance / Payer AETN Care Type OTHR Contract Number

Service Group/Code Check to prevent updates from payer ☐

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7. Click **Delete**.



i This Prior Authorization will be removed

Are you sure that you wish to proceed?

OK Cancel

8. Confirm that you want to delete by clicking **OK**; or click **Cancel** to keep the Prior Authorization.

Related Topics

- [Searching for a Prior Authorization](#)
- [Updating a Prior Authorization](#)
- [Adding a Prior Authorization](#)

Reporting

You are here: [Tellus EVV Claims](#) > Reporting

Note: You must be assigned the User Role "Admin" in order to see the Reports option.

Click a topic below:

[Generating a Report](#)

[Exporting a Report](#)

Generating a Report

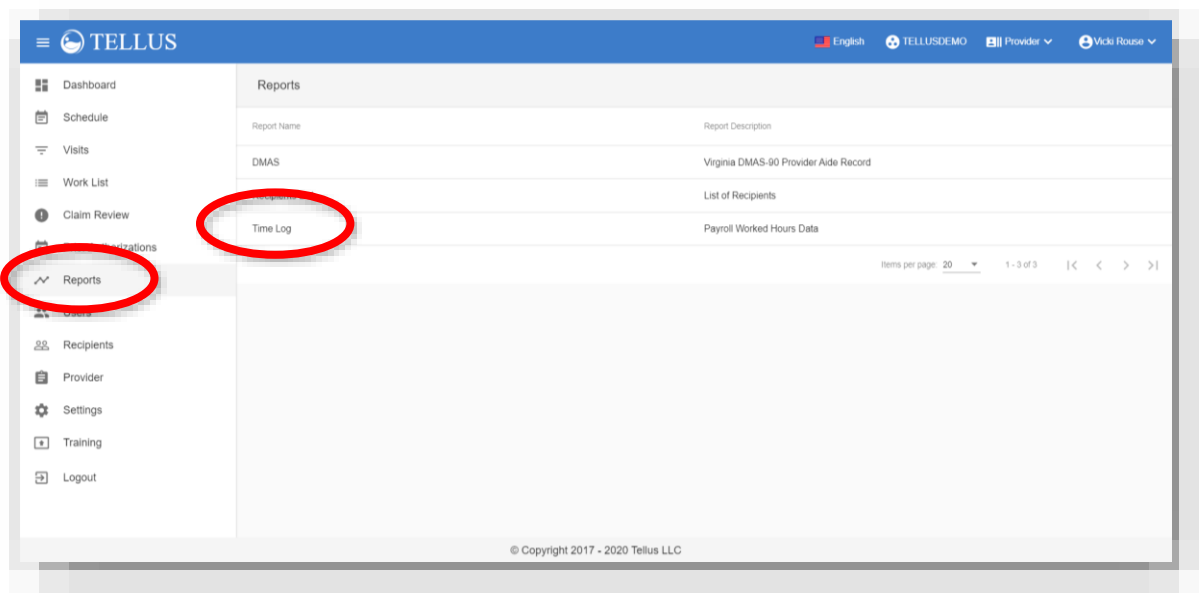
You are here: [Tellus EVV Claims](#) > [Reporting](#) > Generating a Report

Note: You must be assigned the User Role “Admin” in order to see the Reports option.

Claims offers several reports. The Time Log report is used as an example in these instructions to show you how to generate a report. Filters are different for each report, but making selections and generating all reports is the same.

To generate one of the standardized reports:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Reports**.



3. Click the name of the report you want to generate.
4. When the report displays, you will see filters on the left side of the page.

You may need to scroll down to see all filters.

Reports > Time Log

Export

Zoom in

Zoom out

Start Date

2020-05-06

End Date

2020-05-06

Recipient

Available: 2 Selected: 0

Search list...

Jimmy Marley

John Chung

☒ All

☒ None

☒ Invert

Caregiver

Available: 1 Selected: 0

Search list...

Dale Carr

TELLUS DEMO ACCOUNT

Time Log

Time Log: May 6, 2020 - May 6, 2020

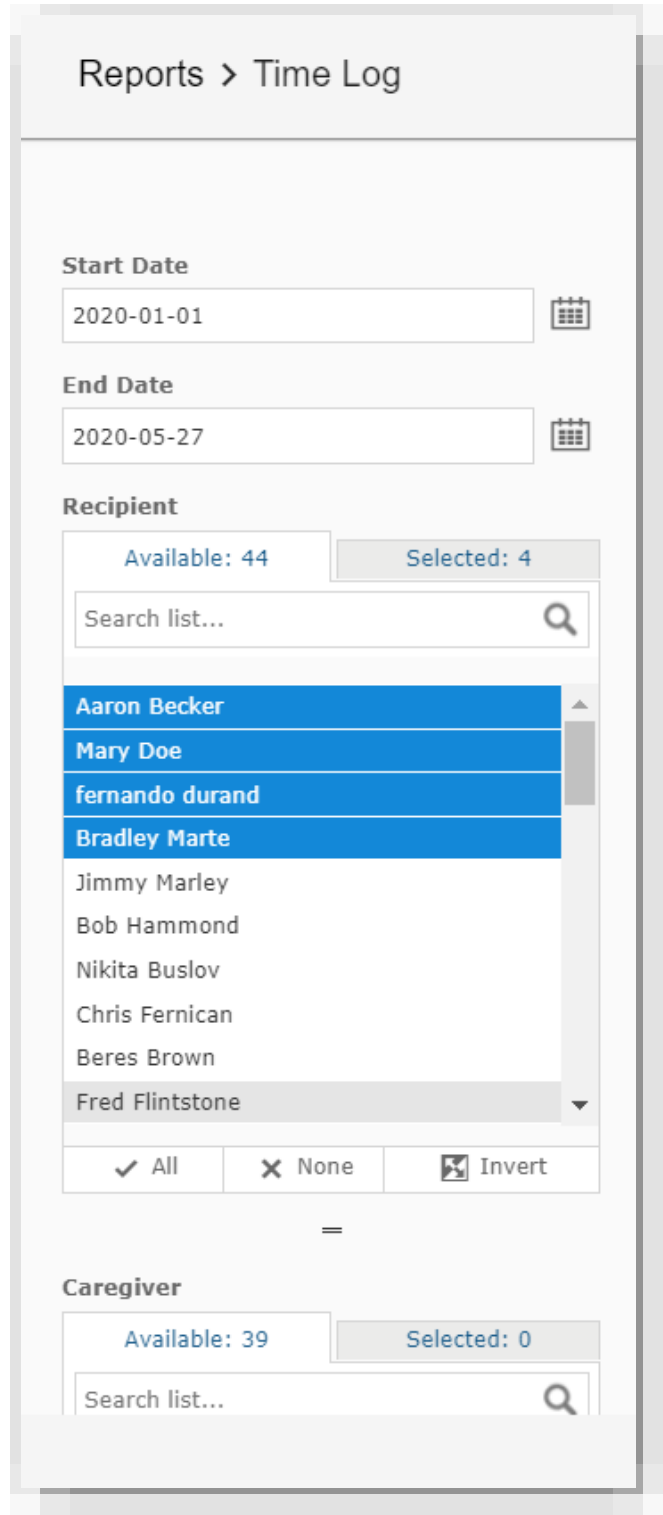
Caregiver	Recipient Name	Payer ID	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
Dale Carr	Jimmy Marley	AETH	T1019	05/06/2020 9:05:40 AM	05/06/2020 9:35:40 AM	0.50	05/06/2020 9:05:40 AM	05/06/2020 10:35:40 AM
Dale Carr	John Chung	AETH	S9122 TT	05/06/2020 10:15:49 AM	05/06/2020 10:45:49 AM	0.50	05/06/2020 10:15:49 AM	05/06/2020 10:45:49 AM
Grand Totals:						1.00		

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93

5. Make your entries and selections for any or all of the available filters.

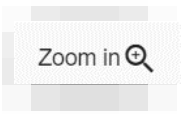
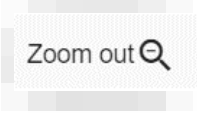
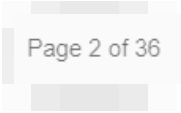



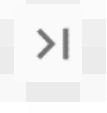
- For some reports, like the Time Log Report shown, you may be able to enter a range, such as dates, for the data you want to see. Use the dropdown calendar for the **Start Date** and **End Date** to choose the date range you want to see payroll for.
- Filters like **Recipient** that have tabs titled **Available** and **Selected** allow you to choose from a list. You can:
 - Check **All** at the bottom of the list to see all data elements that appear on the **Available** tab. When you do, all elements will appear on the **Selected** tab and the number on the **Selected** tab will be updated.
 - Click individual elements on the **Available** tab if you only want to see a few data elements on the report. Your selections will appear on the **Selected** tab and the number on that tab will change to the number of data elements you selected.
 - Remove any individual element you selected on



The screenshot shows the 'Reports > Time Log' interface. It includes filters for 'Start Date' (2020-01-01), 'End Date' (2020-05-27), 'Recipient' (Available: 44, Selected: 4), and 'Caregiver' (Available: 39, Selected: 0). The 'Recipient' list shows names like Aaron Becker, Mary Doe, fernando durand, Bradley Marte, Jimmy Marley, Bob Hammond, Nikita Buslov, Chris Fernican, Beres Brown, and Fred Flintstone. The 'Caregiver' list is partially visible.

- either the **Available** or **Selected** tab. Click the “x” to the left of the data element you do not want included on the report.
- Remove all data elements you selected by clicking **None** on the **Available** tab; the Selected tab will be updated accordingly.
6. After making all your entries and selections, click **Apply**.

7. Use the buttons listed below to view the contents of the report. Zoom options appear at the top of the page; paging options appear at the bottom of the page. You may need to scroll down to see them. You can also [export the report](#).

Button	Description
	Zoom in to enlarge report.
	Zoom out to reduce size of report.
	See the number of the page displayed as well as the total number of pages in the report.
	Return to the first page of the report.
	Move back one page.
	Move forward one page.
	Move to last page of the report.

Related Topic

- [Exporting a Report](#)

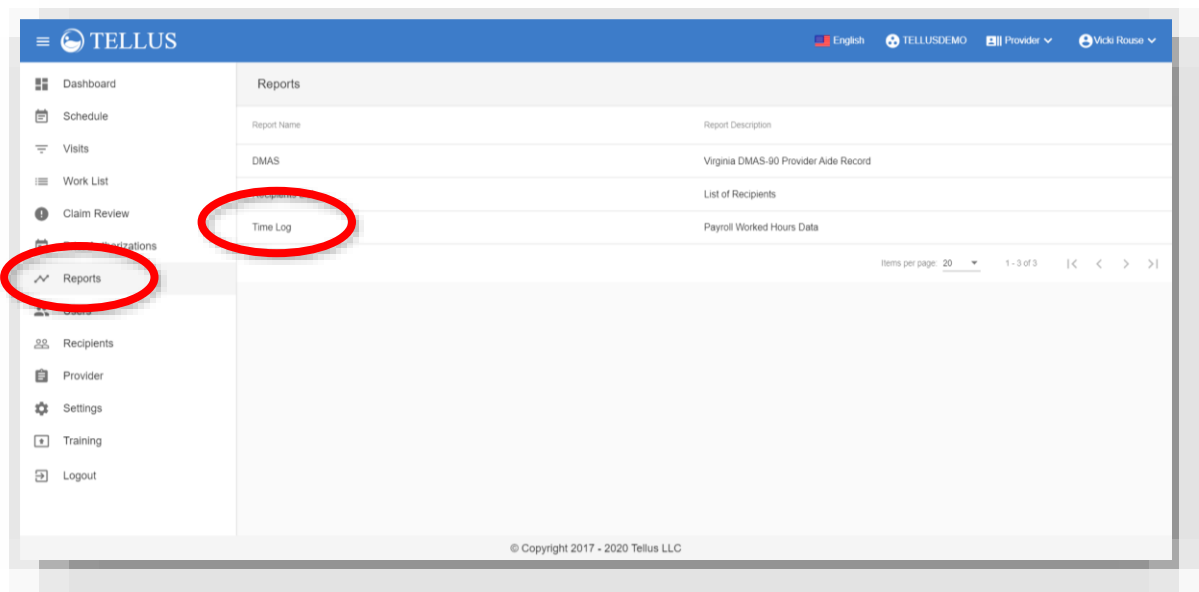
Exporting a Report

You are here: [Tellus EVV Claims](#) > [Reporting](#) > Exporting a Report

Note: You must be assigned the User Role "Admin" in order to see the Reports option.

To export one of the standardized reports:

1. Expand the **Main Menu**. (See [Viewing the Main Menu](#) for more information).
2. Click **Reports**.
3. Click the name of the report you want to generate.



4. Use the filters to [select the data](#) you want included on your report and then click **Apply**.

Reports > Payroll report

Export ▼ Zoom in 🔍 Zoom out 🔍

Start Date
2019-09-18

End Date
2019-09-18

Recipient
Available: 4 Selected: 0
Search list...
Bob Hammond
fernando durand
John Chung
Peter Cliff
☐ Select ... ☐ Desele... ☐ Invert

Caregiver
Available: 2 Selected: 0
Search list...
Dale Carr

TELLUS DEMO ACCOUNT
Payroll Report
Payroll Period: September 18, 2019 - September 18, 2019

Caregiver Name	Recipient Name	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
Cameron, Salazar 5555555555 18282704609 cameron.salazar@tellus.com							
	Maria, Marte DOB: 02/05/1934	T1019	09/18/2019 2:45:33 PM	09/18/2019 4:45:33 PM	2.00	09/18/2019 2:50:48 PM	09/18/2019 2:56:27 PM
Totals:					2.00		
Dale, Carr 19547194556 dale.carr@tellus.com							
	Bob, Hammond DOB: 01/23/1961	S5130	09/18/2019 2:45:05 PM	09/18/2019 3:00:05 PM	0.25	09/18/2019 1:50:37 PM	09/18/2019 1:52:19 PM
	John, Chung DOB: 01/01/1967	S5130	09/18/2019 11:00:54 AM	09/18/2019 11:30:54 AM	0.50	09/18/2019 1:20:59 PM	09/18/2019 1:23:58 PM
	Peter, Cliff DOB: 01/23/1961	S5130	09/18/2019 2:05:26 PM	09/18/2019 2:35:26 PM	0.50	09/18/2019 1:46:27 PM	09/18/2019 1:48:59 PM
	John, Chung DOB: 01/01/1967	S9122	09/18/2019 11:00:54 AM	09/18/2019 11:30:54 AM	0.50	09/18/2019 1:20:59 PM	09/18/2019 1:23:58 PM

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5. Click the **Export** dropdown and select the format for your report.

TELLUS

English TELLUSDEMO Provider Vicki Rouse

Dashboard Schedule Visits Work List Claim Review Prior Authorizations Reports Users Recipients Provider Settings Training Logout

Reports > Time Log

Start Date: 2020-05-07 End Date: 2020-05-07

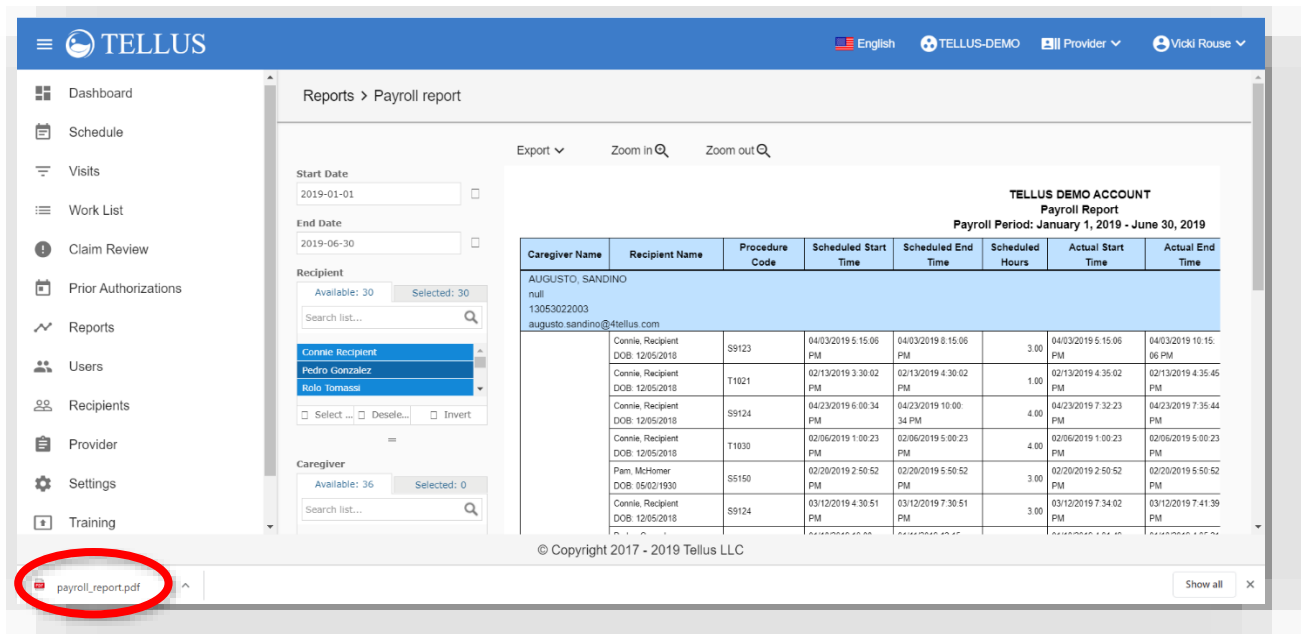
PDF
Excel (Paginated)
XLSX (Paginated)

TELLUS DEMO ACCOUNT
Time Log
Time Log: May 7, 2020 - May 7, 2020

Recipient Name	Payer ID	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
Dale Carr	Chris Barker	AETH	05/07/2020 12:20:21 PM	05/07/2020 12:50:21 PM	0.50	05/07/2020 12:20:21 PM	05/07/2020 12:50:21 PM
Conrado Cadulo	Peter Parker	AETH	05/07/2020 12:25:22 PM	05/07/2020 2:25:22 PM	2.00	05/07/2020 12:25:22 PM	05/07/2020 2:25:22 PM
Dale Carr	Aaron Becker	AETH	05/07/2020 5:55:12 AM	05/07/2020 5:55:12 AM	0.75	05/07/2020 7:30:12 AM	05/07/2020 8:30:12 AM
Grand Totals:					3.25		

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6. When the report is downloaded, it will appear at the bottom left of your screen.



TELLUS

English TELLUS-DEMO Provider Vicki Rouse

Dashboard Schedule Visits Work List Claim Review Prior Authorizations Reports Users Recipients Provider Settings Training

Reports > Payroll report

Export Zoom in Zoom out

Start Date: 2019-01-01 End Date: 2019-06-30

Recipient: Available: 30 Selected: 30 Search list...

Connie Recipient Pedro Gonzalez Rolo Tomassi

Caregiver: Available: 36 Selected: 0 Search list...

TELLUS DEMO ACCOUNT Payroll Report Payroll Period: January 1, 2019 - June 30, 2019

Caregiver Name	Recipient Name	Procedure Code	Scheduled Start Time	Scheduled End Time	Scheduled Hours	Actual Start Time	Actual End Time
AUGUSTO, SANDINO							
Connie Recipient	DOB: 12/05/2018	S9123	04/03/2019 5:15:06 PM	04/03/2019 8:15:06 PM	3.00	04/03/2019 5:15:06 PM	04/03/2019 10:15:06 PM
Connie Recipient	DOB: 12/05/2018	T1021	02/13/2019 3:30:02 PM	02/13/2019 4:30:02 PM	1.00	02/13/2019 4:35:02 PM	02/13/2019 4:35:45 PM
Connie Recipient	DOB: 12/05/2018	S9124	04/23/2019 6:00:34 PM	04/23/2019 10:00:34 PM	4.00	04/23/2019 7:32:23 PM	04/23/2019 7:35:44 PM
Connie Recipient	DOB: 12/05/2018	T1030	02/06/2019 1:00:23 PM	02/06/2019 5:00:23 PM	4.00	02/06/2019 1:00:23 PM	02/06/2019 5:00:23 PM
Pam McHomer	DOB: 05/02/1930	S5150	02/20/2019 2:50:52 PM	02/20/2019 5:50:52 PM	3.00	02/20/2019 2:50:52 PM	02/20/2019 5:50:52 PM
Connie Recipient	DOB: 12/05/2018	S9124	03/12/2019 4:30:51 PM	03/12/2019 7:30:51 PM	3.00	03/12/2019 7:34:02 PM	03/12/2019 7:41:39 PM

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payroll_report.pdf Show all

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